



New Kent County Republican Committee

Restoring our nation's founding principles

Mark Daniel - Chair
P.O. Box 831 Quinton, VA 23141 804-539-6521

Membership Application

Please print legibly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____

Email Address: _____ Referred by _____

Membership dues are **\$10** per calendar year

Date _____ Amount Paid: \$ _____ Cash ___ or Check # _____

Make checks payable to NKCRC

Pledge

I certify that I am a qualified and registered voter in New Kent County, Virginia, and that I am in accord with the principles of the Republican Party, and intend to support the Republican nominees for public office.

Signature: _____ Date: _____

MEMBER RECEIPT – **If paying CASH to an NKCRC member, retain this stub as your receipt.**

Dues Amount Paid: \$ _____ Cash ___ or Check # _____ Date: _____

Paid to NKCRC Representative _____ Tel: _____