

**New Kent County Republican Committee
New Member or Renewing Member Application**

Name: _____

Street Address: (P.O. Box not permitted here) _____ **(Required)**

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Cell Phone # _____ Home Phone # _____

Email Address: _____ Referred by (optional) _____

If previous member of a Republican Committee, name and date(s) _____

Sign the 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 will support Republican nominees for public office.

Mail-in Applications: Please sign here and mail to NKCRC, P.O. Box 831, Quinton VA 23141.

Signature _____ Date _____

On-line Applications: Please check blocks below.

Check the block to indicate your agreement with the pledge.

Click to submit online form

Thank you for your interest in our Republican Committee