



**APPLICATION FOR MEMBERSHIP**

Indian River County Republican Executive Committee  
P.O. Box 6569  
Vero Beach, FL 32961

Name: \_\_\_\_\_ DOB (mm/dd): \_\_\_\_\_ Precinct # \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ (Include 4 digits)  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Committee person  Alternate

1. Please send my Agenda and Minutes by email **Yes**  **No**
2. Years in Indian River County as a registered Republican \_\_\_\_\_ as a resident \_\_\_\_\_  
Years as a registered Republican \_\_\_\_\_.
3. If retired, name of former employer: \_\_\_\_\_
4. Present place of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
5. Please briefly recount any past precinct experience and/or work for the Republican Party:  
\_\_\_\_\_  
\_\_\_\_\_
6. Other affiliations: \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever been convicted of a crime? \_\_\_\_\_ if so please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Interest**

- |   |  |
|---|--|
| <input type="checkbox"/> Membership                   | <input type="checkbox"/> Nominating Committee    |
| <input type="checkbox"/> Audit                        | <input type="checkbox"/> Get Out the Vote        |
| <input type="checkbox"/> Voter Registration           | <input type="checkbox"/> Lincoln Day Dinner Gala |
| <input type="checkbox"/> Marketing / Public Relations | <input type="checkbox"/> Special Events          |
| <input type="checkbox"/> Community Relations          | <input type="checkbox"/> By-Laws                 |

**Special Skills**

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Legislation               |
| <input type="checkbox"/> Hospitality        | <input type="checkbox"/> Newsletter / Photography  |
| <input type="checkbox"/> Chaplain           | <input type="checkbox"/> Telephone Banks           |
| <input type="checkbox"/> Campaign Work      | <input type="checkbox"/> Headquarter Volunteer     |
| <input type="checkbox"/> Data Base          | <input type="checkbox"/> Technology                |
| <input type="checkbox"/> Poll Worker        | <input type="checkbox"/> Legal                     |
| <input type="checkbox"/> Program / Speakers | <input type="checkbox"/> Precinct Committee person |
|   | <input type="checkbox"/> Other: _____              |

***I agree to support the Republican Party, Republican Candidates and to fulfill the duties of this elected office. Please list the name and phone number of your sponsor who must be a member of the Republican Executive Committee.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please also attach a copy of the front of your Voter Registration Card and Driver's License.**