



SPOTSYLVANIA COUNTY

REPUBLICAN COMMITTEE

2019 Party Canvass Participant Registration Form

I, the undersigned, being a **REGISTERED VOTER** in the _____
Magisterial District of Spotsylvania County, Virginia, hereby register to participate in the 2019
SCRC Party Canvass being held on May 4, 2019, to select a Republican nominee for each of
the following offices: Spotsylvania County Sheriff; Spotsylvania County Commonwealth
Attorney; Spotsylvania County Commissioner of Revenue; Spotsylvania County Treasurer;
Member, Board of Supervisors, Chancellor, Courtland, Livingston and Salem Districts, all to
be voted for in the general election on November 5, 2019.

PLEASE PRINT LEGIBLE

Full Name: _____

Street Address: _____

City _____ Zip Code _____

Email _____ Phone _____

___ I hereby certify that I am in accord with the principles of the Republican Party and that it is my intent to support all Republican candidates in the November 5, 2019 General Elections. I understand that if I publicly support a candidate in opposition to a Republican nominee subsequent to a statement of support that I shall not be qualified to participate in party actions for a period of 4 years.

___ I have not participated in the nominating process of another party in the last 5 years.

---OR---

___ I have participated in the nominating process of another party in the last five years, but I renounce affiliation with any party other than the Republican Party, intend to support the nominees of the Republican Party in the future and understand that the Spotsylvania County Republican Committee shall provide a copy of this signed renunciation statement to the Republican Party of Virginia, to be maintained for a period of 5 years.

Signature _____ Date _____

SCRC USE ONLY

ID CHECKED _____

FORM OF IDENTIFICATION _____

