

# HANOVER COUNTY REPUBLICAN COMMITTEE

## 2024 Official Candidate for Delegate/Member Filing Form

\*\*\*\* This completed form, along with a check made payable to HCRC for appropriate registration fee(s) and/or dues, must be received, no later than **5:00 p.m., February 21, 2024**, by Treasurer, HCRC, PO Box 6617, Glen Allen VA 23058. **Postmarks shall not govern.**

### CHECK ALL THAT APPLY:

[ ] I hereby file my candidacy for **Membership** to the **Hanover County Republican Committee**. Attached is a check for annual **dues of \$35.00** for the year 2024, or, if a current member, I have paid online at [hanovergop.com](http://hanovergop.com).

[ ] I hereby seek election as a **Delegate** representing Hanover County at the **Fifth Congressional District Convention** to be held on **Saturday April 27, 2024** at Drakes Branch Volunteer Fire Department, 4801 Drakes Main Street, Drakes Branch, VA 23937. Attached is my **completed 5<sup>th</sup> District application form** with the **Twenty dollars (\$20)** fee payable to HCRC\*.

[ ] I hereby seek election as a **Delegate** representing Hanover County at the **First Congressional District Convention** to be held on **Saturday May 4, 2024** at King William High School, 80 Cavalier Drive, King William, VA 23086-3657. Attached is my **Ten dollars (\$10)** fee payable to HCRC\*.

[ ] I hereby seek election as a **Delegate** representing Hanover County at the **Republican Party of Virginia Quadrennial Convention** to be held on **Saturday May 31-June 1, 2024** at the Hampton Roads Convention Center, 1610 Coliseum Dr, Hampton VA 23666. Attached is my **Forty-Five dollars (\$45.00)** fee payable to HCRC\*.

\*All applicable fees can be combined into one check payable to HCRC.

By signing this form, I certify that I am a registered voter in Hanover County, have read and understand the requirements above and that I intend to support all nominees of the Republican Party during this election (for convention delegates) and/or during my two-year term as a member of the Hanover County Republican Committee. I further certify that I meet the requirements of Article I, Section B of the RPV Party Plan, and that I am in accord with the principles of the Republican Party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### ADDITIONAL PREFILING INSTRUCTIONS:

Each person prefiling must file on a separate, signed form, accompanied by an individual check for dues and/or convention fees, if applicable. All information must be provided as required and this form must be signed to be valid. This form cannot be altered in any way. However, it may be photocopied. Payments to the Hanover Republican Committee are not tax deductible.

**\*\* Make checks payable to: Hanover County Republican Committee \*\***

Paid for and authorized by the Hanover County Republican Committee