



MEMBERSHIP FILING FORM

I _____
(Printed Name of Candidate)

do hereby state on oath that I am a resident and qualified voter of Saline County, Arkansas and I am eligible to seek the position of committeeman/committeewoman of the Republican Party of Saline County.

I hereby consent and acknowledge that the Secretary of the Republican Party of Saline County may make such independent investigation, as he/she deems necessary to determine my eligibility as a candidate, which investigation includes but is not limited to the power to compel me to answer interrogatories. I understand the the investigation concerning my eligibility shall be conducted within one month of the date of this filing.

I further state that I will complete the filing requirements by paying the required filing fee for a committeeman/committeewoman.

Signature _____

Date _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____

Occupation _____

Employer _____

Phone _____ Cell _____

Email _____

I would like to volunteer on the following Committees:

_____ Events _____ Membership _____ Public Relations / Communications

Internal Use Notes:	Payment Method	_____
	Payment Date	_____
	Voted In Date	_____