



HOW TO BECOME A MEMBER:

By joining the Pinellas County Republican Executive Committee (PCREC), you become a part of our vast network of dedicated Republicans. The PCREC is the local level of the Republican Party of Florida (RPOF), which is the state level of the Republican National Committee (RNC).

It is an excellent opportunity to meet elected officials & candidates, to work together to win elections, to shape the direction of the Republican Party, and to make new networking contacts. This is accomplished by becoming a Precinct Committeeman / Committeewoman, or if these positions are already filled, an Alternate Precinct Committeeman / Committeewoman. You can do this by completing the following:

- Complete the Membership Application (please remember that it is four pages)
 - This includes the Republican Party Loyalty Oath (page 2), per the Republican Party of Florida Party Rules of Procedure, Republican State Executive Committee, Rule 9 A.
 - Note that the Loyalty Oath for Precinct Committeemen and Committeewomen (page 4) requires that the signature be notarized.
 - Your local bank will usually provide a notary for free.
 - A notary will be present at our PCREC meetings.
- Submit your application to the PCREC at the mailing address below or during a PCREC meeting.

We ask that you attend an orientation class, which is held prior to regular PCREC meetings, to learn more about the PCREC, your duties as a member, resources available to you as a member and answer any additional questions you may have. We look forward to having you as a member of the Pinellas County Republican Executive Committee!

Thank you for your interest in becoming active in the Pinellas County Republican Party!

PLEASE KEEP THIS FOR YOUR RECORDS.

PRECINCT COMMITTEEMAN / COMMITTEEWOMAN

Being a Precinct Committeeman or Precinct Committeewoman is an important role. By choosing to become active in the PCREC, you represent the Republican Party in your voting precinct. You can be instrumental in electing Republican officials by promoting the Republican Party and getting Republicans to vote in your community.

Some suggested activities are, but not limited to:

- Get to know the members of your community
- Help identify unregistered conservatives and get them registered as voters.
- Help direct Independents and Democrats who would like to change their party affiliation to Republican.
- Counsel your precinct on elections; distribute literature and information on Republican candidates, amendments, and election law.
- Help organize meetings and events; invite Republican candidates for meet and greets at churches, civic groups and clubs.
- Walk door to door and leave a card or message, if possible.
- Help organize a team who will get voters to the polls get them out to vote
- Be a poll watcher on Election Day, to observe that the process is fair.
- Help keep voters informed – if you cannot answer a question, please contact the PCREC Office and then get back to the voter with an answer as soon as possible.

PLEASE KEEP THIS FOR YOUR RECORDS.



MEMBERSHIP APPLICATION

4707 140TH AVENUE, SUITE 208
CLEARWATER, FL 33762-3836
Phone: (727) 539-6009
Fax: (727) 536-5902
info@PinellasRepublicans.com

FIRST NAME: _____
(AS IT APPEARS ON VOTER REGISTRATION)

LAST NAME: _____
(AS IT APPEARS ON VOTER REGISTRATION)

HOME #: (____) _____

MOBILE #: (____) _____

WORK #: (____) _____

FAX #: (____) _____

E-MAIL ADDRESS: _____

YES! I GIVE PERMISSION TO THE PINELLAS COUNTY REPUBLICAN EXECUTIVE COMMITTEE TO SHARE MY E-MAIL ADDRESS WITH
REPUBLICAN ELECTED OFFICIALS AND CANDIDATES.

PHYSICAL ADDRESS: _____
(AS IT APPEARS ON VOTER REGISTRATION, INCLUDING APARTMENT / LOT NUMBER, IF APPLICABLE)

CITY: _____ FL, ZIP: _____

MAILING ADDRESS: _____
(IF MAILING ADDRESS IS DIFFERENT THAN THE ADDRESS ABOVE)

CITY: _____ FL, ZIP: _____

DATE OF BIRTH: ____/____/____
MM DD YYYY

GENDER: FEMALE MALE

NUMBER OF YEARS IN PINELLAS COUNTY: _____
IF LESS THAN FIVE YEARS, WHERE DID YOU LIVE PREVIOUSLY: _____
(CITY, STATE)

MEMBERSHIP SPONSOR NAME: _____

CURRENT EMPLOYER: _____

REPUBLICAN PARTY ACTIVITIES

(IF ADDITIONAL ROOM IS NEEDED, PLEASE ATTACH A SEPARATE PAGE)

DATE: _____ ACTIVITY: _____

ANY OTHER CIVIC, FRATERNAL OR ORGANIZED ACTIVITIES

(IF ADDITIONAL ROOM IS NEEDED, PLEASE ATTACH A SEPARATE PAGE)

DATE: _____ ACTIVITY: _____



Republican Party of Florida Party Loyalty Oath

I, _____, swear and/or affirm that during my term of
(Name of Member – Please write clearly) office I will not actively, publicly, or financially support the election of
any candidate seeking election against:

- (1) The Republican Party's nominee in a partisan unitary, general, or special election that includes a Republican nominee; or
- (2) A registered Republican in a non-partisan election except that this provision does not apply to judicial races under Chapter 105, Florida Statutes.

I further swear or affirm that, in a contested Republican primary election, I will not support the nomination of one Republican candidate over another in my capacity as a Republican County Executive Committee member unless the Party has voted to endorse under RPOF Rule 8. This provision does not preclude me from supporting in any manner my personal Republican candidate of choice in a contested Republican primary election, provided I do not express such support with public reference to my title or office within the Republican Party of Florida.

Signature of Member

Signature of Witness

County/Precinct #

Date

Office: _____

(State Committeeman, State Committeewoman; Precinct Committeeman, Precinct Committeewoman; Alt. Precinct Committeeman, Alt. Precinct Committeewoman)

Address, as it appears on voter registration

Email

City, State, Zip

Phone Number



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Phone: (727) 539-6009
Fax: (727) 536-5902
info@PinellasRepublicans.com

FIRST NAME: _____ LAST NAME: _____

PREFERRED NICKNAME OR ABBREVIATION OF NAME: _____

REFERENCE	FIRST NAME: _____	LAST NAME: _____
	CITY, STATE: _____	PHONE #: _____
	RELATIONSHIP: _____	YEARS ACQUAINTED: _____

REFERENCE	FIRST NAME: _____	LAST NAME: _____
	CITY, STATE: _____	PHONE #: _____
	RELATIONSHIP: _____	YEARS ACQUAINTED: _____

OFFICE USE ONLY			
Date Received: _____ / _____ / _____	Received By: _____		
Voter ID: _____	Precinct: _____		
Registered GOP: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vacancy: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position	<input type="checkbox"/> Committeewoman		
	<input type="checkbox"/> Alternate Committeewoman		
	<input type="checkbox"/> Committeeman		
	<input type="checkbox"/> Alternate Committeeman		
Date Elected: _____ / _____ / _____			
APPROVED BY:			
Membership Chairman: _____			
PCREC Chairman: _____			
Additional Notes: _____			

CD: <input type="checkbox"/> 12	HD: <input type="checkbox"/> 64	BOCC:
<input type="checkbox"/> 13	<input type="checkbox"/> 65	<input type="checkbox"/> 4
<input type="checkbox"/> 14	<input type="checkbox"/> 66	<input type="checkbox"/> 5
	<input type="checkbox"/> 67	<input type="checkbox"/> 6
SD: <input type="checkbox"/> 19	<input type="checkbox"/> 68	<input type="checkbox"/> 7
<input type="checkbox"/> 20	<input type="checkbox"/> 69	
<input type="checkbox"/> 22	<input type="checkbox"/> 70	SB: <input type="checkbox"/> 4
		<input type="checkbox"/> 5
		<input type="checkbox"/> 6
		<input type="checkbox"/> 7

BOCC & SB 1, 2 & 3 are "At large" countywide districts

www.PinellasRepublicans.com

**CANDIDATE OATH - PRECINCT
COMMITTEEMEN AND
COMMITTEEWOMEN**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, _____
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number _____,

I am a qualified elector of _____ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form): _____

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the _____ Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X _____ () _____
Signature of Candidate Telephone Number Email Address
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, **20**_____.

Personally Known: _____

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public