

**ORANGE COUNTY REPUBLICAN EXECUTIVE COMMITTEE
MEMBERSHIP APPLICATION**

Precinct number _____ **Date of Application** _____

Full Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City _____ State **FL** Zip _____

Date of Birth _____ Name of Spouse _____

Email Address _____

Occupation _____ Employer _____ WorkPhone _____

Prior Republican Volunteer/Professional Experience _____

AS OCREC MEMBER, are you interested in working with:

_____ Membership _____ Fund Raising _____ Voter Registration _____ Newsletter /Website

_____ Computer Work _____ Phones/Mailing Other _____

How did you learn about OCREC? _____

Will you be able to attend at least one (1) meeting per month (barring emergencies)? _____

NAME TWO MEMBERS OF OCREC WHO CAN RECOMMEND YOU

Name _____ Phone _____

Name _____ Phone _____

IMPORTANT: You must sign two Loyalty oaths; one for the Florida Republican Party and one for the Orange County Election Headquarters.

Applicant's signature _____

Signature of Membership Approval _____

Date of oaths signed _____ **Date of class attended** _____