



# 5<sup>th</sup> Congressional District of Virginia 2024 Republican Convention Delegate File Form for \_\_\_\_\_ (Unit)



I, \_\_\_\_\_, hereby declare my intention to seek election as a Delegate from \_\_\_\_\_ (City/County) to the 5th Congressional District of Virginia Republican 2024 Convention, in accordance with the Qualifications for Participation set forth in the RPV Party Plan and the 5th Congressional District Call. I certify:

- I am a legally qualified voter of \_\_\_\_\_ (City/County),
- I am in accord with the principles of the Republican Party, and
- I pledge to support all the Republican nominees in the general election.

\_\_\_\_\_  
Signature of Candidate for Delegate

\_\_\_\_\_  
Date

***NOTE: ALL THREE QUALIFICATION BOXES ABOVE MUST BE CHECKED AND THIS FORM MUST BE SIGNED AND DATED BY THE DELEGATE CANDIDATE FOR ACCEPTANCE!***

- My payment of \$20.00 (Cash or Check) for the MANDATORY FEE to participate in this Convention is attached. Checks must be made payable to the UNIT COMMITTEE.

### *Please Complete the Following:*

\_\_\_\_\_  
Full Legal Name:

\_\_\_\_\_  
\*Preferred Phone Number:

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

\_\_\_\_\_  
City, State & Zip Code:

\_\_\_\_\_  
Resident of County/City

\_\_\_\_\_  
Mailing Address (if different):

\_\_\_\_\_  
City, State & Zip Code:

\_\_\_\_\_  
\*Email Address (if available):

\*Your phone number & email address are not required by the State Party Plan, but will be helpful to keep you informed regarding Convention information.

For more information or to contact the chairman in the county or city where you are registered, please visit: <http://www.5thdistrictva.gop/>

This completed form along with the mandatory fee must be returned according to the requirements of the Call posted/published by the unit in the county or city where you are registered to vote.

Authorized and Paid for by the 5th Congressional District of Virginia Republican Committee