



Seminole County Republican Executive Committee

Application for the four year term that begins

December 2020 and ends November 2024

Please be sure that your name and address exactly match your Seminole County voter registration. If you have moved or changed your name, please let us know.

Precinct No.

Name		Spouse's Name	
Home Address		City	
		Zip Code	
Employer		Occupation	
Mobile Phone	May we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home or Work Phone	
Email Address	<input type="text"/>		
Date of Birth	Registered Republican since	Registered Voter in Seminole County since	

Have you previously been a member of SCREC? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any elected or appointed position in city, county, state, or federal service:
---	--

SCREC is a volunteer organization. How many hours per week will you dedicate toward helping Republicans win in the General Elections?

The following is a list of committees in SCREC. Please check boxes where you have talent, experience or interest in helping.

Are you interested in a leadership position? Yes
 No

- | | | |
|---|--|---|
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Voter Outreach | <input type="checkbox"/> Fundraising Small Donations | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Outreach area: _____ | <input type="checkbox"/> Merchandise | <input type="checkbox"/> Artwork |
| <input type="checkbox"/> WebElect | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Office Work |

Please list the names of registered Republicans who can recommend you:

1.	2.
3.	4.

Applicant Signature	Date Signed
---------------------	-------------



PARTY LOYALTY OATH

I, _____, swear or affirm that during my term of party office
Print Full Name Clearly

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 Executive Committee member unless the Executive Committee has voted to endorse that candidate in accordance with 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

Date: _____

County/Precinct #: _____

Party Office: _____

*(State Committeeman/Committeewoman; Precinct
Committeeman/Committeewoman; or Alternate Precinct
Committeeman/Committeewoman)*

Street Address *(as appears on voter registration)*

City/Zip

Email

(Loyalty Oath Must Be Witnessed, Verified, or Notarized)

Signature of Witness

Printed Name of Witness