OCONEE COUNTY REPUBLICAN PARTY
OFF-CYCLE NEW MEMBER FORM 3

PRECINCT: _____

VOTER REGISTRATION NUMBER: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONGRESSIONAL DISTRICT: _____ DOB: __/__/_____

EMAIL: _____

MOBILE PHONE: _____ HOME PHONE: _____

☐ I DID NOT ATTEND MY INITIAL PRECINCT REORGANIZATION OR ANY MAKE UP MEETING

This complete form 3 allows the applicant to engage in all Oconee County Republican Party activities but does not allow the form 3 member to vote in precinct elections nor hold precinct or elected county offices.

APPLICANT SIGNATURE: _____ DATE:__/__/_____

PRECINCT REPRESENTATIVE: _____ DATE:__/__/_____