



# Lynchburg Republican City Committee 2026 Mass Meeting Registration

**PLEASE INDICATE YOUR INTENTION(S) TODAY:**

\_\_\_\_\_ I wish to apply for Membership in the Lynchburg Republican City Committee.  
(\$25 yearly dues must be paid at or before the next Committee Meeting. You may pay \$50 for two years at that time.)

\_\_\_\_\_ I am seeking election as the Chairman of the Lynchburg Republican City Committee (\$200 filing fee applies). Chairman application forms **must be received no later than 5 PM 3/6/26**. Nominations for Chair shall not be made after that date.

\_\_\_\_\_ I am interested in helping ensure honest elections in Lynchburg by serving as a trained election official, authorized representative, or in another volunteer role.

**NOTE**  
**MAKE CHECKS**  
**PAYABLE TO**  
**LRCC**  
\* \* \* \* \*  
**ALL FEES ARE**  
**NON-REFUNDABLE**

With this application, I hereby declare that:

PLEASE INITIAL  
EACH LINE

\_\_\_\_\_ I am a registered, legally qualified voter in the City of Lynchburg.

\_\_\_\_\_ I am in accord with the principles of the Republican Party.

\_\_\_\_\_ I pledge to support all Republican nominees in the general election.

**ALL THREE OF THESE QUALIFICATION BOXES MUST BE CHECKED AND  
THIS FORM MUST BE SIGNED  
AND DATED BY THE DELEGATE CANDIDATE FOR ACCEPTANCE.**

PRINT NAME

ADDRESS

PHONE

EMAIL

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

**ALL INFORMATION BELOW IS MANDATORY IF MAKING A FINANCIAL CONTRIBUTION WITH THIS FORM**

Employer (or Retired)

Employer City & State

Occupation

**You must return this form by 5:00 PM, March 6, 2026, as set forth in the Official Call.**

*Paid for and Authorized by the Lynchburg Republican City Committee*

**FOR OFFICIAL USE:**

- Credential Committee     Renunciation required     Renunciation signed     LRCC Membership Committee

**Completed registration forms & payments may be mailed to LRCC, PO Box 12237, Lynchburg VA 24506**