



Florida Federation of Young Republicans of
Brevard County, Florida

MEMBERSHIP APPLICATION

Annual Membership amount is \$10

Married Couples \$15

Name: _____

Address: _____ City: _____ Zip Code _____

Home Phone: (____) _____ Office Phone: (____) _____

Fax Number: (____) _____ Cellular Number: (____) _____

Email Address: _____

Occupation: _____ DOB (00/00/0000): _____

(Required by Constitution & By-laws)

Please Circle Yes or No on the following questions:

Are you a U.S. Citizen? **Yes or No** Are you between the ages of 18 and 40? **Yes or No**

Are you a Florida resident? **Yes or No** Are you a registered Republican? **Yes or No**

Committees of Interest: *See BCYR Bylaw & Constitution for description*

Bylaw Finance Membership/Recruitment Political Activities
Media & Public Relations Technology

I _____, swear and affirm that during my term of office/membership I will not actively, publicly, or financially support the election of any candidate other than the Republican candidate in a partisan unitary, general or special election, of a registered Republican in non-partisan elections, other than Judicial races governed under Florida Statute 105, if there is a registered Republican running for the same office.

Member Signature: _____ Date: _____

Make cash/checks payable to: Brevard County Young Republicans, 1211 Olde Bailey Lane
West Melbourne, FL 32904

For Treasurer's use only: Active or Associate Member

Date dues paid: _____ Collected by: _____ Cash Check # _____