

Pittsford Republican Committee

The Pittsford Republican Committee of New York encourages participation without regard for race, color, religion, creed, national origin, age, disability, marital, veteran or any other legally protected status, we do require that you be a Registered Republican. We appreciate your interest in our organization.

Name _____ E-mail: _____

Permanent Address: _____ City _____ Zip _____

Phone # _____ Cellular or other Phone # _____

What is your occupation? _____ Employer? _____

Your hobbies? _____

Are you a registered republican? Yes No Do you vote regularly? Yes No

Are you able and willing to pass petitions around your neighborhood once a year? Yes No

Are you willing to occasionally contribute your time to campaigns and other political events? Yes No

Would you consider occasionally contributing financially to the party for campaigns? Yes No

Are you involved with any other groups, committees or associations? Yes No

Which? _____

Might you have an interest in running for office? Yes No

If so, for what? _____

Why do you want to participate on this committee? _____

Spouses Name: _____ Occupation: _____

Children: (Name & Age) _____

Do your spouse or children have an interest in participating in the Pittsford Republican Committee? _____

FOR OFFICE USE ONLY

Received By _____ Date & Time _____

Interviewed By _____ Date & Time _____

Comments: _____