BROWARD REPUBLICAN EXECUTIVE COMMITTEE

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(954) 941-7775

www.browardgop.com

Email: Membership@browardgop.org

PRECINCT COMMITTEEMAN / COMMITTEEWOMAN APPLICATION

The Broward Republican Executive Committee (BREC) consists of precinct committeemen and committeewomen who represent registered Republicans in their precincts. The role of precinct BREC members is key to our candidates' success. The BREC is the basis for our grassroots efforts and we rely on BREC members to organize their precincts, recruit new volunteers, and work to get out the Republican vote – absentee, early voting and on Election Day.

In order to become a BREC member you must provide:

1. **This BREC application**
2. **Candidate Oath – Precinct Committeemen and Committeewomen** – (Must Be Notarized)
3. **A copy of your Voter Registration Card** – *Front and Back*
4. **RPOF Loyalty Oath**

You must reside in the precinct that you will represent. If you do not know your precinct number, leave that portion blank and a BREC officer will fill it in. The two forms containing your original signature and the copy of your voter registration card must be mailed to the BREC office at the email address listed below or given to an officer at a monthly BREC meeting, held the 4th Monday of every month. Applications must be received no later than 14 days prior to the monthly meeting. Late applications will be processed for approval at the following BREC meeting.

You must attend 2 BREC meetings. At the second meeting your application will be voted upon. If voted on successfully, you will become a member. If you have any questions or would like to know the status of your application, please contact us by phone or email.

Email To: membership@browardgop.org

*If your precinct has the maximum allowed committeemen / women, you will be listed as an alternate.

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE #1: _____ PHONE #2: _____

EMAIL: _____ PRECINCT #: _____

WHICH REPUBLICAN CLUBS ARE YOU A MEMBER OF? _____

_____

OFFICIAL USE ONLY: CM CW CMA CWA / DATE VOTED ON _____ PRECINCT _____

REPUBLICAN PARTY OF FLORIDA

PARTY LOYALTY OATH

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

I will abide by the Constitution, Rules of Procedure, and County Model Constitution of the Republican Party of Florida, and will not actively, publicly, or financially support the election of any candidate:

(1) Seeking election against the Republican Party's nominee in a partisan unitary, general, or special election that includes a Republican nominee; or

(2) Who is not a registered Republican and is seeking election against 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 my capacity as a Republican Executive Committee member I will not support, in a contested Republican primary election, the nomination of one Republican candidate over another, or in a nonpartisan election, the election of one registered Republican over another, 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 or my personal registered Republican candidate of choice in a nonpartisan 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 and Precinct #: _____

Party Office: _____

(State Committeeman/Committeewoman; Precinct Committeeman/Committeewoman; or Alternative Precinct Committeeman/Committeewoman)

_____

Street Address **(As it appears on your voter registration)**

_____ _____ _____

City / Zip **Email** **Phone Number**

_____

(Loyalty Oath <u>Must Be</u> Witnessed, Verified, or Notarized)

_____ _____

Signature of Witness **Printed Name of Witness**

RPOF Rule 9: 01_11_2025

CANDIDATE OATH
PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY

Name to appear on ballot: _____

☐ Check box if there are two last names without hyphen. (Name cannot be changed after qualifying.)

☐ Check box if name includes nickname. (To use nickname, you must complete the Affidavit of Nickname on page 2 of this form.)

I swear or affirm that I am a candidate for the office of ☐ **Committeeman** ☐ **Committeewoman** , **Precinct** _____

I am a qualified elector of _____ **County**, Florida; I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I swear or affirm, in addition to being a citizen of the United States, that: *(Check applicable box.)*

☐ **I am not** a citizen of another country. ☐ **I am** a citizen of another country, specifically _____.

Statement of Party: I am a member of the _____ Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for at least 365 consecutive days preceding the beginning of qualifying before the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Statement of Legal Name Change: I have not legally changed my name through a petition pursuant to s. 68.07, F.S., during the 365-day period preceding the beginning of qualifying. (This does not apply to any change of name in proceedings for dissolution of marriage or adoption of children or based on a change of name conducted with a marriage certificate.)

Statement of Outstanding Fines, Fees, or Penalties: *(Check applicable box. If you do owe more than $250, you must also specify the amount owed and each entity that levied the same on page 2 of this form.)*

I do not ☐ / **I do** ☐ owe outstanding fines, fees, or penalties that cumulatively exceed $250, for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106. (s. 99.021(1)(d), F.S.)

( )

Signature of Candidate | Telephone Number | Email Address

Address of Legal Residence | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☐

this _____ day of _____, 20____.

Type of Identification Produced: _____

Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)