Pinal County Republican Committee
Precinct Committeeman Application Form

Term of Office: 2024-2026
(October 1, 2024 – September 30, 2026)

I confirm that I am a registered Republican: _____ ◯ Republican

Voter ID# (From Voter ID Card) _____

Precinct #: _____ Board of Supervisor District #: _____ LD: _____ CD: _____

(all information can be found on your Voter ID Card)

Please accept the Appointment Resignation (circle one)

of the following individual as a Precinct Committeeman:

_____

Last Name First Name Middle Initial

_____

Resident Address ◯

_____

Mailing Address (if different than above) ◯

_____

City/Town Zip Code Telephone # Email Address

_____

Signature of Appointee or Resignee Date

_____

Signature of District Chair Date

_____

Authorized Signature of Party Chair Date

All Precinct Committeeman appointments are submitted by the County Chair pursuant to A.R.S. 16-821(B).

County Party Chair's signature is required above.