



**Colonial Heights Republican Committee**  
Zachary Wood, Chairman

## 2026 Pre-filing Form

*Please complete one form for each individual.*

<i>I am filing for the following positions:</i>		
	<b>Office</b>	<b>Fee</b>
	Unit chairman	\$100
	Member, Colonial Heights Republican Committee <i>(Also complete 2026 membership form)</i>	Proof of annual dues \$15/individual; \$20/family
<i>Total amount enclosed:</i>		

I, \_\_\_\_\_, hereby declare my intention to seek election for the above noted positions. In accordance with the Qualifications for Participation set forth in the State Party Plan, I state that I am a registered voter in Colonial Heights and do hereby state my intent to support the nominees of the Republican Party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Colonial Heights, VA 23834

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Candidates for chairman should return this completed form to Teresa Cherry (204 Battery Pl, Colonial Heights, VA 23834) by Friday, March 6, 2026 at 5:00 PM.*

*All other forms can be mailed to 414 Crescent Ave, Colonial Heights, VA 23834 by Friday, March 20, 2026 or brought in person to the mass meeting on Monday, March 23, 2026.*

# **2026 Committee Membership Form**

**Select one:** \_\_\_\_ Individual Membership (\$15) \_\_\_\_ Family Membership (\$20)

## **Membership Categories:**

- Voting member: Must be a resident of Colonial Heights; cannot miss more than three consecutive meetings (proxy acceptable); must be elected by current voting membership if not already a voting member
- Associate member: Must be a resident of Colonial Heights; no attendance requirements
- Auxiliary member: Residency in Colonial Heights not required; no attendance requirements

## **Member 1:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, VA Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Membership category: \_\_\_\_\_

## **Member 2:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, VA Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Membership category: \_\_\_\_\_

## **Member 3:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, VA Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Membership category: \_\_\_\_\_

*Make checks payable to "Colonial Heights Republican Committee"*