

Josephine County Republican Central Committee

Appointment for Precinct Committee Person(PCP)

Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Cell: _____

Email Address: _____

Precinct: _____ # _____

___ Resident Precinct ___ Adjacent Precinct

I agree to perform the duties of a PCP to the best of my abilities.

Signature: _____ Date: _____

Approved: by Bill Ertel, Chairman, JCRCC

Signature: _____ Date: _____