

REQUEST FOR AFFILIATION with the Libertarian Party of Georgia

(must be accompanied by Affiliate proposed bylaws)

Date: 3/30/19

We, the undersigned, request permission to create The Libertarian Party of The CSRA and to be an official affiliate of The Libertarian Party of Georgia (LPGa).

LPGa bylaws require each affiliate to include three members of The Libertarian Party of Georgia, and to have at least three party officers. If at any time fewer than three people in the affiliate geography are members of LPGa, the affiliate automatically dissolves, with all affiliate property, supplies, bank accounts and contents of safe deposit boxes moving to the custody of the Libertarian Party of Georgia, to be returned when the affiliate is re-established.

I

Requested name: Libertarian Party of The CSRA
(Preferred abbreviation: LP-CSRA)

II

The affiliate's geography consists of:

☒ Counties ☐ Campuses ☐ Cities

Richmond

Burke

Columbia

III

Contact information of proposed affiliate (can be the contact information of Chair or Vice-Chair)

Libertarian Party of The CSRA

(c/o: _____)

Address 1: 309 N Sandhills LN

Address 2: _____

City: Evans, GA zip: 30809

Phone: (225) 784-5444

email: markcamp.02@gmail.com

website URL: _____

IV

Initial officers (* = mandatory position):

Chairman*: Mark Camp

(Signature:) Mark

Address 1: 309 N Sandhills LN

Address 2: _____

City: Evans, GA zip: 30809

Phone: (225) 784-5444

email: markcamp.02@gmail.com

Vice Chairman*:

(Signature:)

Address 1: 2332 Happy Cir

Address 2: _____

City: Augusta, GA zip: 30906

Phone: (706) 829 6121

email: augustalibertarian@yahoo.com

Treasurer:

(Signature:) _____

Address 1: _____

Address 2: _____

City: _____, GA zip: _____

Phone: () _____

email: _____

Secretary*:

(Signature:) Sydney B

Address 1: 110 James St

Address 2: _____

City: Grovetown, GA zip: 30813

Phone: (816) 649-4132

email: sydneyb0212@gmail.com

(Office: _____)

(Name of officer:) _____

(Signature:) _____

Address 1: _____

Address 2: _____

City: _____, GA zip: _____

Phone: () _____

email: _____

(Office: _____)

(Name of officer:) _____

(Signature:) _____

Address 1: _____

Address 2: _____

City: _____, GA zip: _____

Phone: () _____

email: _____