



El Paso County Republican Party
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Colorado Springs, CO 80919
719-578-0022
chairman@gopelpaso.com

Precinct Number

Nomination Form – Precinct Leader/Division Leader
Updated May - 2025

Name of Nominee: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Previous Political Experience: _____

Committee persons have many responsibilities. Please review, initial, and sign.

I will attend a training session and meetings of the Central Committee.

I will lead a neighborhood caucus in March of even numbered years.

I will walk your precinct for all Republican nominees.

I have read the basic requirements of a Precinct/Division Leader. I agree to fulfill the duties if appointed.

Signature: _____ Date: _____

Signature of Nominator: _____ Date: _____

Thank you for your interest in serving.

After your application is reviewed, you will be notified of the results.

(FOR OFFICE USE ONLY)

Precinct Code: _____ Division: _____ Commissioner District: _____

Approval with two signatures: **Chairman of El Paso County signature is REQUIRED for approval.**

Chairman: _____ Date: _____

Vice-Chairman: _____ Date: _____

Secretary: _____ Date: _____

Received in office by: _____ Date: _____

Database Updated by: _____ Date: _____

Appointee Notified: _____ Date: _____

HD Chair Notified: _____ Date: _____

Division Leader Notified: _____ Date: _____