

GOP DATA CENTER ACCESS AGREEMENT

The Republican Party of Arizona (AZGOP) in conjunction with the Republican National Committee (RNC) will maintain a statewide, internet-accessible registered voter file database for use by various AZGOP organizations and other expressly authorized users.

AUTHORIZED USERS: Authorized Users are those organizations and individuals who have requested and received express permission from the AZGOP to obtain a password to be used for access to GOP Data Center. Access will be issued by the AZGOP for set period of time and must be renewed thereafter. **Accounts may not be shared with other users or non-users unless expressly authorized by the AZGOP in writing**. Failure to comply with any GOP Data Center policies in this document or the user agreements within the GOP Data Center site will subject users and or organizations to immediate suspension or revocation of GOP Data Center privileges.

PERMISSIBLE USAGE: It is understood that the information contained in GOP Data Center may be used for any legal purpose that may reasonably be categorized as both non-commercial and political. Under no circumstances shall any information incorporated in GOP Data Center be used for commercial purpose.

AMENDMENTS : AZGOP reserves the right to and amendments shall be considered retroad		-
I,	ould I break any part of this agro or privileges. Furthermore, I her Finally, I pledge that if working	eement, I understand that the AZGOP reby pledge that I am a registered g and/or volunteering for candidates for
I need GOP Data Center access because (ch	neck and complete all that appl	ly to get appropriate access):
I am a Republican Precinct Committeema	n in the County of	and the Precinct of
l am a Republican Candidate for the elect	ed office of	(specific election)
l am an official campaign staff member for		
authorization from	(candidate/campaign mana	ager
I am the Chairman of:(county/LD)		
I am the representative of Chairman (county/LD)	from	
Signature:	Date:	



GOP DATA CENTER APPLICATION

All fields MUST be filled out and eligible. If any blanks are left or are illegible the AZGOP will consider the application NOT COMPLETE.

FIRST NAME:
LAST NAME:
AREA OF ACCESS REQUEST: (Precinct, District, etc)
EMAIL ADDRESS:
TITLE/ORGANIZATION:
PRIMARY PHONE:
SECOND PHONE:
STREET ADDRESS:
CITY:
COUNTY:
ZIP:
NAME OF AUTHORIZING INDIVIDUAL (CANDIDATE OR CHAIR)
Signature:Date:
ACCESS APPROVED
ACCESS DENIED
REASON