

DANVILLE SHAG CLUB
Membership Application

Couples please provide information for both persons

Name(s): _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address

(1) _____

(2) _____

Place of Employment: _____

Date of Birth: (Male) Month _____ Day _____ (Female) Month _____ Day _____

Check One: New Member _____ Renewal _____

Dues are \$15 per person per year (July 1- June 30) for renewals (due on July 1 and must be received or postmarked by July 31. Dues are \$20 per person received after July 31.

Dues are \$20 per person for New Members.

Memberships are renewable each fiscal year

Please indicate at least two (2) committees on which you would be willing to serve
Rank your choices 1 & 2 with 1 being your first preference.

____ Membership _____ Telephone _____ Special Event _____ Historian _____ Public
Relations _____ Nominations _____ Ways&Means _____

Please make checks payable to: Danville Shag Club, P.O. Box 10478, Danville, VA 24543

By signing this form and after approval of membership in the Danville Shag Club, I agree to allow my name, address, phone number, and email address to be published in a roster available to Danville Shag Club members only.

Signature(s) _____ Date _____