

Danville Shag Club

Membership Application

Please list the name of a Danville Shag Club member that you know or tell us how you learned about the Danville Shag Club: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: (his) _____ Work Phone: (her) _____

Email Address: (1) _____

Email Address: (2) _____

Place of Employment: (his) _____

Place of Employment: (her) _____

Date of Birth: (his) Month: _____ Day: _____

Date of Birth: (her) Month: _____ Day: _____

Check One: New Member: _____ Renewal: _____

Indicate if you would be interested in learning any of the following:

Basic Shag _____ Advanced Shag _____ Line Dances _____

The DSC is a non-profit/volunteer club. *Optional:* Each member is encouraged to help by serving on a committee. Please indicate at least two (2) committees on which you would be willing to serve. Rank your choice 1-2-3 with 1 being your first preference. Thank you!

_____ Public Relations _____ Telephone _____ Membership
_____ Historian _____ Nominating _____ Ways & Means
_____ Special Events

Dues are \$15 per person or \$25 per couple per year (July 1st-June 30th). There is a 90-day grace period from April 1st until October 1st. Memberships are to be renewed each fiscal year. Funds are used for social events, club activities, community service, and publications. Officers and committee members all work as volunteers and are not compensated for their time.

Please make your checks payable to: Danville Shag Club
PO Box 4743
Danville VA 24541

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

Signature: _____ Date: _____