



MEMBERSHIP APPLICATION

Application Date _____ Renewal New Member

Name(s) _____

Nickname(s) _____

Address _____

City/State _____

Phone: Home _____ Work _____ Cell _____

Email Address _____
(If you wish to get weekly ShagAtlanta updates)

Birthday: Month/Day _____

Do you authorize your address and telephone number to be released to the membership? Yes No

ShagAtlanta is a non-profit club/volunteer club and each member is encouraged to help by serving on a committee. Please indicate at least two committees on which you would be willing to serve. (Rank your choices by 1, 2, etc.)

- | | | |
|-------------------|-----------------------|-----------------------|
| _____ Social | _____ Communications | _____ Membership |
| _____ Dance Floor | _____ Grand Nationals | _____ Split the Kitty |
| _____ Equipment | _____ Merchandise | _____ Camp Sunshine |

Membership dues are \$30 per person and must be included with the application. Please make your check payable to *ShagAtlanta* and mail to:

Debbie Hicks
Vice President, Membership
764 Highland Ridge Point
Lawrenceville, GA 30045
770-513-2880
m_dhicks@comcast.net