



## 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   |

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Membership dues are \$45 per person and must be included with the application. Please make your check payable to *ShagAtlanta* and mail to:

Steven Croft  
Vice President, Membership  
786 Lioness Ct  
Stone Mountain, GA 30087

steven\_croft@comcast.net