



YORK SHAG CLUB Membership Application

Membership Dues: \$20.00 per person

Date of Application: _____

(Check One): Renewal New Member

PLEASE PRINT:

Name #1 _____

Birthday (mo/day) _____

Name #2 _____

Birthday (mo/day) _____

Address _____

Anniversary Date _____

City _____ State _____

Zip Code _____

PHONE:

Name #1 (H) _____ (W) _____ (C) _____

Name #2 (H) _____ (W) _____ (C) _____

EMAIL ADDRESS:

(pls. print clearly)

Name #1 _____

Name #2 _____

- Do you want to receive your monthly Newsletter via email? Yes _____ No _____
- Can you do a Basic Shag step? Yes _____ No _____
- Are you interested in taking Shag lessons? Yes _____ No _____
- Do you know of anyone between 8 and 21 yrs. old interested in taking Jr. Shag lessons? Yes _____ No _____
- Are you willing to serve on a Committee? Yes _____ No _____

Comments: _____

***NEW MEMBERS ONLY:**

YOU MUST HAVE TWO (2) YORK SHAG CLUB MEMBERS IN GOOD STANDING SIGN APPLICATION AS YOUR SPONSORS:

1. _____

2. _____

Minimum age for membership is 21.

Membership year is from January 1st – December 31st with no pro-rating of dues.

Application information could be used among York Shag Club members or other shag clubs.

Name #1 Signature _____ Name #2 Signature _____ DATE _____

ANY CHANGES SINCE LAST YEAR _____

