

CSRA SHAG CLUB MEMBERSHIP APPLICATION



New Members \$50 per person
Renewing Members \$50 per person



PLEASE PRINT. COMPLETE ALL INFORMATION EVEN IF RENEWING SO THAT RECORDS WILL BE COMPLETE AND UP TO DATE.

Application Date: _____ Please check: _____ Renewal _____ New Member

Name: _____ Birthday _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email (Please print legibly): _____

Do you authorize your address and telephone number to be released to the membership? _____yes _____no

Applicant's Signature _____

We are asking each member to consider participating in the preparation and clean-up of at least one club party during the year and serve on at least one committee. Please select one major committee on which you are willing to serve:

____ Decorations: set-ups (regular parties) ____ Bar ____ Door Committee
____ Classic Committee (various) ____ Food Committee ____ Split Pot

NEW MEMBERS MUST BE 21 YEARS OF AGE

Membership dues must be included with this application. Make checks payable to: CSRA Shag Club, Inc. and mail to :

CSRA Shag Club

c/o Sonji Aycock

3766 Boulder Trl

Martinez, GA 30907