



Official 2020 Brushy Mountain Shag Club

Membership Application

Yearly membership dues are \$20 per person

Mail this application along with your check to:

Brushy Mountain Shag Club

P.O. Box 1641 N. Wilkesboro, NC 28659

Please print clearly

Today's Date: _____ Amount Paid: _____

Name: _____

Address: _____

City, State, Zip: _____, _____

Phone: (____) _____-_____ Work Phone: (____) _____-_____

Email Address: _____

Birthday Month (year optional): His: _____ Hers: _____

Would you be willing to serve on a committee(s), if so which ones?

Please rank in order of preference:

____Decorating ____Publicity. ____Telephone ____Membership

If you cannot serve on a committee, can we call on you when needed?

Yes _____ No _____

RELEASE: By my signature, I understand that all of the Brushy Mountain Shag Club members and guests participate voluntarily and at their own risk in all of Brushy Mountain Shag Club dances and/or activities. I agree that the Brushy Mountain Shag Club, their Board of Directors and agents, shall NOT be held responsible for any accidents, personal injury or loss of personal property associated with my attendance or participation in any club function or activity. I agree to abide by the bylaws and rules of Brushy Mountain Shag Club.

Office use only

Date Received:

Active: _____

Inactive: _____

Signature: _____ Date: _____