



2025 Membership Form

New Renewal

Applicants must be at least 21 years of age

Please print clearly

Applicant

Name: _____ Birth Month/Day: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work/Cell _____

Email Address: _____

Spouse (if applicable)

Name: _____ Birth Month/Day: _____

Phone: Work/Cell _____

Email Address: _____

Communication with the Club

Please select **ONE** of the following options:

- I want to receive weekly updates and monthly newsletter **via email and CSC's website.**
Please include email address(es) above.
- I do not wish to receive any club communication.

Please select a Committee in which you would like to participate and join to help:

- | | | |
|---|---|--|
| <input type="radio"/> Communications –
emails, newsletter, media,
flyers | <input type="radio"/> Junior Shag – organize
quarterly classes or events;
recruit teachers/DJs | <input type="radio"/> Membership – recruiting,
record keeping, events, door
greeter committee |
| <input type="radio"/> Photography –
photography; display photos | <input type="radio"/> Social – clean-up/set
up, decorating | <input type="radio"/> Ways & Means –
promote fund raising/raffles |

Fees & Payments

Annual fee is \$30 per person

Paid by: Cash Check # _____ Amount: _____

Please make check payable to **Charlotte Shag Club.**

Signature: _____ Date: _____

Mail to: Charlotte Shag Club, PO Box 471165, Charlotte, NC 28247