

Mountain Shag Club Membership Application

This section will be completed by the Membership Committee: Date Card(s) Issued _____ Card # _____ Card # _____ Year _____ Date _____ () Cash / Check # _____ \$ _____ Committee Member Initials _____
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Please use a separate form for each individual. Couples joining at the same time may use one form.

Check one: () \$25 Full Year Individual Membership () \$15 Half Year Individual Membership
 () \$50 Full Year Couple Membership () \$30 Half Year Couple Membership

LAST NAME: _____ FIRST NAME: _____ BIRTHDAY: Mon/Day: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

PHONES- HOME: _____ WORK: _____ CELL: _____ FAX: _____

EMAIL: _____ Approx. Date First Joined: _____

SPOUSE LAST NAME: _____ FIRST NAME: _____ BIRTHDAY: Mon/Day: _____ PHONES- HOME: _____ WORK: _____ CELL: _____ FAX: _____ EMAIL: _____ Approx. Date First Joined: _____

The MSC is a non-profit *volunteer* club. Each member is encouraged to help by serving on at least two committees. Each member will also serve on a team that will host one or more parties during the year. When your team is the host team for a party you will be asked to assist with refreshments, set-up, decorations, manning the greeting table, fee collections, and clean-up. If you can't be present, you should contact your team leaders and offer to send food.

Yearly membership runs from Jan - Dec. Half-year membership runs from July-Dec. Funds are used for social events, club activities, community service, and publications. Send this application along with your check/money order made payable to MSC or Mountain Shag Club, P.O. Box 509, Asheville, NC 28802

By signing this form and accepting membership in the Mountain Shag Club, I agree to allow my name, address, phone number and birthday to be published in a roster available to MSC members. I acknowledge the roster is private and confidential to shag club members only.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY MY SIGNATURE, I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE MOUNTAIN SHAG CLUB. I UNDERSTAND THAT MY MEMBERSHIP MAY BE REVOKED BY THE CLUB AT ANY TIME IT MAY DEEM NECESSARY. THE MOUNTAIN SHAG CLUB WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENTS, PERSONAL INJURY, OR LOSS OF PROPERTY DURING ANY CLUB FUNCTION. THIS INFORMATION IS PRIVATE AND CONFIDENTIAL FOR SHAG CLUB MEMBERS ONLY.

Signature _____ Date _____

Spouse Signature _____ Date _____

Membership Renewals - please initial each year:

Member (& spouse) :

Year _____

Year _____

Year _____

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Information Updates (committees, address, phone #, etc. with date updated in membership roster): / / - _____ - / / - _____ - / / - _____ -