




Richmond Shag Club

PO Box 35771, Richmond, VA 23235

www.richmondshagclub.org

 find us on facebook



Home of the Best Beach and Shag Music in Richmond

Date: _____

Please complete form in full & write legibly

Membership Fee is \$30.00 (7-1-2012)

**** \$25 fee for returned checks ****

- ☐ New Member
☐ Renewal/Returning Member

Pick up your membership card at the RSC Club desk any Tuesday night.

Name #1: _____
Last First Nickname Birthday (Year Optional)

Name #2: _____
Last First Nickname Birthday (Year Optional)

Address: _____
Street or PO Box City State Zip Code

Phone: _____ Occupation: _____
Home/Primary Cell/Secondary Work (optional) (Optional)

Email Address #1: _____

Email Address #2: _____

(Newsletter, messages about Club activities, events, membership renewal reminders, member news, etc.)

Please choose one option below. If you do not indicate a preference, newsletter will be sent by email.

- ☐ I prefer to get my newsletter by email
☐ I prefer to get my newsletter in the mail (snail mail)

I would be interested in helping with the following committee(s):

- | | |
|--|--|
| <input type="checkbox"/> Annual Party | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Social |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Please contact me – I |
| <input type="checkbox"/> Host & Hostess | need more information |

New Members

I learned about the RSC from:

- ☐ A friend that is a member
☐ Someone taking free classes
☐ Another shag club out of town
☐ A demonstration at an event
☐ An advertisement
☐ The internet

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and by the bylaws of the Richmond Shag Club. I understand that my membership may be revoked by the Club at any time it may be deemed necessary. I agree that the Richmond Shag Club and its Board of Directors shall not be held responsible for any accidents, personal injury or loss of any personal property associated with my attendance at, or participation in, any Club function.

Member #1: _____
Signature Printed Name Date

Member #2: _____
Signature Printed Name Date

For RSC Staff Use Only: Next Membership Renewal Date: _____ ☐ Card Made
Cash: \$ _____ Check: \$ _____ Check #: _____ Received by: _____