



Sandy Beach Shag Club

100 Smith Street
Morganton, NC 28655



Regular Membership Application

Home of the Best Beach and Shag Music in Morganton, NC— United We Dance

Dues: \$20.00 per year per person

Applicants must be 21 years of age or older

Membership Renewal is due April 30th

**Dues are \$10 after January 15th, \$20 after Feb. 28th.
and good until April 30th of the following year.****

New:

Date: _____ Renewal: Renewal Date: _____

Name #1: _____
Last First Nickname Birthday

Name #2: _____
Last First Nickname Birthday

Address: _____
Street Address or P.O. Box City State Zip Code

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____
Please give us your phone number (s) where you prefer to be reached should we need to get in touch with you.

E-Mail Addresses: 1) _____ @ _____ Newsletters will be E-mailed!

2) _____ @ _____ **Please print legibly**

We need your help! Please choose a Club Committee that you would be willing to help with:

\$25 fee for any returned checks

- Decorating
- Clean Up
- Newsletter
- Social Committee
- Website
- Door
- Social
- Party Set Up
- Membership
- Food/Hospitality
- DJ
- I would like to help but I need more information

You will receive an email from the Membership Staff with additional information. **No membership cards are issued.**

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and bylaws of the Sandy Beach Shag Club 2, Inc., doing business as the Sandy Beach 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 Sandy Beach 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, or activity. We hope you will enjoy your membership with SBSC and we are open to comments and suggestions. Now get ready for some fun!

Member #1: _____
Signature Print your name legibly here Date:

Member #2: _____
Signature Print your name legibly here Date:

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*For Membership Staff Only*

Member processing application: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Check  Cash

Revised 5/8/19