



The Society of Brunswick Shaggers - PO Box 274 - Oak Island, NC 28465

MEMBERSHIP APPLICATION FORM
MEMBERSHIP RUNS FROM FEBRUARY 1ST THROUGH JANUARY 31ST

New _____ Renewal _____

His Last Name _____ First Name _____

Her Last Name _____ First Name _____

Address _____ City/State/Zip _____

His Phone _____ E-mail _____

Her Phone _____ E-mail _____

Birthday (month and day) His: _____ Hers: _____

PLEASE MARK ALL AREAS IN WHICH YOU WILL VOLUNTEER

_____ HOSPITALITY – (Greeters, door duty, Inter-Club relations)

_____ COMMUNICATION – (Newsletter, articles, web, publicity, photos)

_____ ENTERTAINMENT – (Set up, clean up, decorations)

_____ SOCIAL – (Fund raisers, SOS Parade, 50/50, cook)

_____ ANYTHING NEEDED – (All of the above plus any special skills)

Your Comments:

Dues are \$20.00 per year per person payable to:
Society of Brunswick Shaggers, PO Box 274 Oak Island, NC 28465

Amount Paid _____ Received By _____ Date _____

