GASTON SHAGGERS, INC.

P.O. Box 1373
Gastonia, NC 28053
www.gastonshaggers.com

APPLICATION FOR MEMBERSHIP

I herby apply to become a member of Gaston Shaggers, Inc. Please check one of the following:

**Please note applications are not considered complete until all sections are filled in!*

☐ New Membership ($20) Date Applied: _____

☐ Membership Renewal ($15) Member Sponsor (New Members Only): _____

☐ ***Check here if you will be taking advantage of the $60 Pre-Pay Party Plan (see reverse side for details).***

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ D.O.B (mm/dd) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ (M): _____ (W): _____

EMAIL: _____

Are you willing to visit www.gastonshaggers.com to view your monthly newsletter?

☐ YES! (Extra hard copies will be available at the monthly parties.)

☐ No thank you. Please send a hard copy to the mailing address listed above.

PLEASE SELECT (1) COMMITTEE ON WHICH YOU ARE WILLING TO SERVE THIS YEAR:

☐ Door / Welcome (Work the door for 30 minutes at 2 parties during the year)

☐ Food for Special Events (Assist in planning the menu for the Chicken Pickin' and other special events)

☐ Special Events Planning (Assist in the overall planning of special events during the year)

☐ 1/ 2 & 1/2 Committee (Sell 1/2 & 1/2 tickets for 30 minutes at 2 parties during the year)

☐ Dance Lessons (Teach a 30-minute shag workshop or contact individuals to teach a 30-minute shag workshop before certain GSI parties throughout the year)

☐ Set-Up / Décor (Help set-up for 2 GSI parties during the year at 12:30pm on the day of the party)

☐ ***Check here if you are willing to chair the committee for which you signed up. Thank you for your help!***

Applicant's Signature: _____

Thank you for joining Gaston Shaggers, Inc. We are proud to have you as a member of our club!

Club Use Only

Date Paid _____ Amount _____ Cash _____ Check (#) _____ Initials _____