Association of Carolina Shag Clubs
Application for Membership

Name Of Club or Organization: _____

Type Membership Desired (check one) Full Member ____ Subscriber Member _____

Club Mailing Address: _____

City _____ State _____ Zip _____

President's/Owner's Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone (H) (_____) _____ (W) (_____) _____

Date Club Formed ____/____/_____ Present Membership # _____ Projected # _____

City or Area Served: _____

Name Of Club Newsletter: _____

Annual Party Name And Dates (If Applicable): _____

_____

Goals for the coming year: _____

_____

_____

(continue on separate sheet or back of form if necessary)

_____ _____

Signature Of Current President/Owner Date Signed

Complete this form and mail to the current A.C.S.C. Secretary with the following required attachments:

(1) A copy of your Club By-laws
(2) A check for dues payable to the Association of Carolina Shag Clubs
(3) A copy of your current newsletter