



The Society of Brunswick Shaggers (SOBS)

Proud Member of the National Fast Dance Association, the Association of Carolina Shag Clubs, & SOS.

“NEW” MEMBERSHIP APPLICATION FORM

MEMBERSHIP YEAR IS FROM JANUARY 1ST THROUGH DECEMBER 31ST

CURRENT DATE (MM/DD/YYYY): _____

DUES FEES ARE PER PERSON FOR THE CURRENT YEAR ONLY!

NEW MEMBER FEE AS OF CURRENT MONTH: (Jan-Jun \$20) (Jul-Dec \$10)

His Last Name _____ First Name _____

Her Last Name _____ First Name _____

Address _____ City/State/Zip _____

His Phone _____ E-mail _____

Her Phone _____ E-mail _____

Birthday (Month / Day) His: _____ Hers: _____

SOBS cannot function without volunteers, so please consider areas in which you can help!

I/We would like to volunteer during the membership year:

- 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 Raffle, Cook)
- AS NEEDED: (All of the above plus any special skills)

Comments: _____

Make Checks Payable to:
Society of Brunswick Shaggers (SOBS)
PO Box 274
Oak Island, NC 28465

CLUB USE ONLY			
<input type="checkbox"/> Cash	Amount	Received By	Date
<input type="checkbox"/> Check #			
Comments:			