

# Atlantic Beach Shag Club - Membership Application

The purpose of the Atlantic Beach Shag Club (ABSC) is to provide an organization of fellowship as well as to preserve and promote an interest in shag dancing and beach music. ABSC is a member of the association of Carolina Shag Clubs.

NEW MEMBERSHIP: \$35.00 PER YEAR (1 JULY - 30 JUNE) CASH:\_\_\_\_\_ CHECK:\_\_\_\_\_

Notice: Dues are pro-rated for first time members: 1 July to 31 December will pay full dues -- 1 January to 30 June will pay \$15.00 for new member.

RENEWAL MEMBERSHIP: \$30.00 PER YEAR (1 JULY - 30 JUNE) CASH:\_\_\_\_\_ CHECK:\_\_\_\_\_

Notice: Renewal dues must be paid before September 1st or NEW MEMBERSHIP dues are required and are not prorated.

PERSONAL INFORMATION: NEW MEMBER\_\_\_\_\_ RENEWAL\_\_\_\_\_

Last Name:\_\_\_\_\_ First:\_\_\_\_\_ Middle Initial:\_\_\_\_\_

Spouse's Last:\_\_\_\_\_ First:\_\_\_\_\_ Middle Initial:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

HOME PHONE:\_\_\_\_\_ Cell PHONE:\_\_\_\_\_

Spouse HOME PHONE:\_\_\_\_\_ Cell PHONE:\_\_\_\_\_

E-MAIL: \_\_\_\_\_

Spouse E-MAIL: \_\_\_\_\_

BIRTHDAY DATE: HIS:\_\_\_\_\_ HERS:\_\_\_\_\_

\*\*\*\*\* THIS IS A RELEASE, PLEASE READ BEFORE SIGNING \*\*\*\*\*

I agree that the Atlantic Beach Shag Club (hereafter referred to as ABSC) of Atlantic Beach, NC and their respective officers, directors, employees and agents (hereinafter the "released parties" shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property during any ABSC activity, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all ABSC members and their guests participate voluntarily and at their own risk in all ABSC activities, and I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold the "released parties" harmless from all Club activities and events. I understand that this means that I agree not to sue the "released parties" for any injury of damage to myself or my property resulting from, or in connection with an ABSC activity or event. By signing this release, I certify that I have read this release and fully understand it, and I am not relying on any statements or representations made by the "released parties".

MEMBER SIGNATURE:\_\_\_\_\_ DATE: \_\_\_\_\_

Spouse SIGNATURE:\_\_\_\_\_ DATE: \_\_\_\_\_

RETURN APPLICATION AND PAYMENT TO ANY OFFICER OR BOARD MEMBER OR MAIL TO:

ATLANTIC BEACH SHAG CLUB

P.O. BOX 1572

ATLANTIC BEACH, NC 28512

(ABSC use only)

Check#\_\_\_\_\_ Cash\_\_\_\_\_ Amt. Received\_\_\_\_\_ Date Received\_\_\_\_\_ Card\_\_\_\_\_