

Virginia Junior Shaggers, Inc.

Annual adult membership fee - \$10 a person. Jr. Membership fee – none

Date: _____

Adult **Jr Member #1:** _____

Adult **Jr Member #2:** _____

Address:

Street or PO Box

City State Zip Code

Phone: _____

Email Address #1: _____

Email Address #2: _____

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and by the bylaws of the Virginia Junior Shaggers, Inc.. I understand that my membership may be revoked at any time it may be deemed necessary. I agree that the Virginia Junior Shaggers, Inc. and its Officers shall not be held responsible for any accidents, personal injury or loss of any personal property associated with my attendance at, or participation in, any function.

Adult **Jr Member #1 signature** _____

Adult **Jr Member #2 signature** _____

Mail form to:
Cindy Slade
P.O. Box 847, Colonial Heights, VA. 23834

For VJS, Inc. Use Only: Next Membership Renewal Date: _____ **Card Made**

Cash: \$ _____ **Check: \$** _____ **Check #:** _____

Received by: _____