

2008 Sanford Area Society of Shaggers

Today's Date: _____ Mail To: PO Box 1785, Sanford, NC 27331-2825

Applicant # 1

Name: _____

Address: _____

Phone (home/work): _____

Birthday (Mo & Day): _____

May we publish your birthday in the newsletter? Yes No

Email Address: _____

Applicant #2

Name: _____

Address: _____

Phone (home/work): _____

Birthday (Mo & Day): _____

Yes No

Email Address: _____

Would you prefer to have your newsletter sent by email to help save postage/printing costs?

Yes

No

SASS Club Member Sponsor: _____ SASS Club Member Sponsor: _____

Please check the committees on which you would be interested in serving:

- | | |
|--|---|
| <input type="checkbox"/> Membership: _____ | <input type="checkbox"/> Membership: _____ |
| <input type="checkbox"/> Decorating: _____ | <input type="checkbox"/> Decorating: _____ |
| <input type="checkbox"/> Food: _____ | <input type="checkbox"/> Food: _____ |
| <input type="checkbox"/> Door Greeting/Social: _____ | <input type="checkbox"/> Door/Greeting/Social: _____ |
| <input type="checkbox"/> Publicity: _____ | <input type="checkbox"/> Publicity: _____ |
| <input type="checkbox"/> Special Events: _____ | <input type="checkbox"/> Special Events: _____ |
| <input type="checkbox"/> Calling: _____ | <input type="checkbox"/> Calling: _____ |
| <input type="checkbox"/> SASS Store: _____ | <input type="checkbox"/> SASS Store: _____ |
| <input type="checkbox"/> 50/50 Raffle _____ | <input type="checkbox"/> 50/50 Raffle _____ |
| <input type="checkbox"/> Other Skills/Interests: _____ | <input type="checkbox"/> Other Skills/Interests _____ |

SASS Membership Information

Requirements for Membership

- Attend one function or meeting prior to application.
- Be sponsored by a member in good standing.
- Once application is received, the membership votes at the following meeting/social to approve membership.

Dues

- Initial Dues.....\$25 per year
- Renewal Dues... \$20 per year if paid by October 31, \$25 per year if paid after October 31

Monthly Meeting/Dance/Social

- Usually the third Friday each month, 8:00 p.m., VFW ,

*For other information on membership or meeting location, call:
Rosemary Parten, Membership Chairman, 919-774-8090.*

◀ **Office Use Only:** Amt Pd: _____ Date Pd: _____ Vote Date: _____ Sponsor _____
Card Issued: Mailing List: Calling List Newsletter Webmaster ▶