

COMPETITIVE SHAGGERS ASSOCIATION
2010 Membership Application & Renewal

Date: _____ New Member _____ Renewal _____ Membership # _____

Male Name: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Other: (____) _____

Male E-Mail address: _____

Female Name: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Other: (____) _____

Female E-Mail address: _____

Annual membership dues are from January 1 – December 31. All Memberships expire December 31st of each year. Members will receive regular CSA announcements, updates, newsletter notification and other shag news by e-mail.

Qualifications of Members. All members shall be individuals:

- (a) Who are at least 21 years of age; and
- (b) Who have danced competitively in either;
 - (i) at least one Qualifying Contest within the calendar year of such membership or either of the two calendar years immediately preceding the calendar year of such membership; or
 - (ii) at least one Qualifying Contest during each of any five (5) consecutive calendar years.
- (c) Who pay membership dues and assessments fixed by and in accordance with the by-laws of the Association.

For this purpose, a Qualifying Contest is an Association sanctioned contest or the National Shag Dance Championship.

I hereby certify that I am interested in preserving, promoting and encouraging participation in the Competitive Shaggers Association and other shag dancing events, making competitive shag dancing entertaining and providing pleasant and satisfying experiences for competitive shag dancers and spectators alike.

Male signature: _____ Female signature: _____

Annual Membership dues are as follows:

Renewing Members: _____ Individual Membership \$15.00 (after Jan. 31 _____ \$25.00)
_____ Couples Membership \$25.00 (after Jan. 31 _____ \$35.00)

New Members: _____ Individual Membership \$25.00
_____ Couples Membership \$35.00

Please make checks payable to **Competitive Shaggers Association (CSA)**

Please return completed membership application to:

Pat Joyce, 4616 Charlottesville Road, Greensboro, NC 27410

CSA Use Only:

Payment method _____ Amount Received _____ Date Received _____