

**COMPETITIVE SHAGGERS ASSOCIATION
FRIEND OF CSA
2014 Membership Application & Renewal**

Date: _____ New Member _____ Renewal _____

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 and Friends of CSA will receive regular announcements, updates, newsletter notification and other shag news by e-mail and shall be invited to the CSA year-end Banquet and Party.

All Friends of CSA shall be individuals:

- (a) who are at least 21 years of age; and
- (b) who pay membership dues, however have no voting rights in CSA.

I hereby certify that I am interested in preserving, promoting and encouraging participation in the Competitive Shaggers Association and other shag dancing events, as a Friend of CSA supporting CSA dancers and other spectators alike.

Male signature: _____ **Female signature:** _____

Annual Membership dues are as follows:

Members: _____ Individual Membership \$15.00
_____ Couples Membership \$25.00

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

Please contact Pat Joyce: ahill2@triad.rr.com

Please return completed membership application to:

Alma Hill, 4715 Pineview Drive, Trinity, NC 27370

CSA Use Only:

Payment method _____ Amount Received _____ Date Received _____