

SHAGATLANTA
Membership Information
PLEASE PRINT

_____ I'm joining as a new member

_____ I'm renewing and updating my information

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Cell _____

Email Address _____

Birthday (month & day) _____

*Membership is restricted to 21 years old and over

*Annual Membership is from January 1st – December 31st

*Annual Dues are **\$45 per person**

Do you authorize your name and contact information to be in the member directory given to all members?

_____ Yes _____ No

WAIVER:

I _____
the undersigned, hereby waive and release **SHAGATLANTA** from any and all claims, liabilities, or losses related to my attendance and participation in any **SHAGATLANTA** functions.

Signature _____ Date _____

Make checks payable to ShagAtlanta and mail to Kathy Stowers 5 Elm St Porterdale GA or Debbie Tweedell 752 Silver Falls Dr Lawrenceville GA 30045

For in-depth information and history about **SHAGATLANTA** visit our website – shagatlanta.com