

CASS Membership Jan 1 – Dec 31, _____
Information is collected for Club management purposes only.

Please Print Legibility

Name: _____ Birthday: mm/dd _____

Name: _____ Birthday: mm/dd _____

Address: _____ Anniversary: mm/dd/yy _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Opt. Phone (____) _____

Email: _____

Renewal: _____ New _____ Membership dues is \$20.00 per person \$40.00 per couple.

Information concerning Club events is distributed to members by Phone Tree or Email. Phone numbers and email addresses are used only by the Board and are not distributed to the general membership.

I (We) would like to receive my (our) information by: Phone Tree _____ Email _____

Committees are the basis of a good organization, without them we would not have the great events that we do. Please volunteer for a committee to help our Club grow.

Newsletter _____ Publicity _____ Social _____ Annual Dance _____
Membership _____ Fundraising _____ Nominating _____ Election _____
Audit _____ Bylaws _____ Committees to be named later _____

By signing the application, I assume all risks and absolves, releases and waive any and all liability claims and demands against The Charleston Area Shag Society of West Virginia (CASS), it's officers, board members, instructors and members for personal injury, personal property, theft or damage that may occur during a CASS event or function and /or the facility which the event is held.

Member Signature _____ Date _____

Print Name _____

Member Signature _____ Date _____

Print Name _____

Please make checks payable to:
C.A.S.S.
P. O. Box 8942
South Charleston, WV 25303