

Piedmont Shag Association 2012 Membership Application

Member Fee:

New Members: \$20.00 (This includes one time initiation fee of \$5.00)

Renewals: \$15.00 (Paid before 3/1)

Make Checks Payable to: PSA - P.O. Box 531 - Kannapolis, NC 28082

Application #1

Check No.	Amount	Re-Up	Card #
Cash/Amount:		New	Date Joined:
May we include your name, address and home phone number in our published roster?			YES NO
Name: (Last, First, Initial)			
Address:			
City/State/Zip:			
E-Mail Address:			
Phone: Home			
Work			
Birthday: (Month/Day)			
If new member, referred by:			
Occupation:			
Special Interests/Talents:			

Privacy Act Notification:

In regards to HIPAA Public law 104-191 do you wish to have your health information communicated to the club?

YES [] NO []

In regards to HIPAA Public Law 104-191 do you wish to have health information of a family member communicated to the club? YES [] NO []

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Application #2 (Use for couples with same last name)

Check No.	Amount	Re-Up	Card #
Cash/Amount:		New	Date Joined:
May we include your name, address and home phone number in our published roster?			YES NO
Name: (Last, First, Initial)			
Address:			
City/State/Zip:			
E-Mail Address:			
Phone: Home			
Work			
Birthday: (Month/Day)			
If new member, referred by:			
Occupation:			
Special Interests/Talents:			

Privacy Act Notification:

In regards to HIPAA Public law 104-191 do you wish to have your health information communicated to the club?

YES [] NO []

In regards to HIPAA Public Law 104-191 do you wish to have health information of a family member communicated to the club? YES [] NO []