

Golden Isles Shag Club

NEW Membership Application

P.O. Box 24235

(Please Print)

St Simons Island, GA 31522

Name _____

Last

First

Address _____

Street / P.O. Box

City

State

Zip code

Home Phone _____ Work _____ Other _____

Email _____

Birthday _____

Month

Day

Have you completed basic shag lessons? Yes ___ No ___ If YES, when _____

Have you ever been a member of a shag club? Yes ___ No ___ If YES, where _____

Committee Preference:

Membership _____ Entertainment _____

Dance _____ Low Country _____ Oyster Roast _____

Communication _____ Christmas _____ Re Up _____

Charity _____

Jr Shaggers _____

By my signature, I agree to abide by the current By-Laws and Membership Requirements of the Golden Isles Shag Club, Inc. ("The Club"), I also understand that "the Club" will not be held responsible for any accident, personal injury or loss of any property during any function or related activity of "The Club".

Signature _____ Date _____

My name, address, phone, email may be distributed to club members. Yes ___ No ___

Dues: \$40.00 per person

Club use only Date dues received _____