

Golden Isles Shag Club

Membership RENEWAL Application

P.O. Box 24235

(Please Print)

St Simons Island, GA 31522

Name(s) _____

Last

First

Address _____

Street / P.O. Box

City

State

Zip code

Home Phone _____ Other _____ Other _____

Email(s) _____

Birthday(s) _____

Month

Day

Month

Day

Committee Preferences:

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(s) _____

Date _____

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 _____