

Golden Isles Shag Club

NEW Membership Application

P.O. Box 24235

(Please Print)

St Simons Island, GA 31522

Name(s) _____ **&** _____
Last First First

Address _____
Street / P.O. Box

City State Zip code

Home Phone _____ Other _____ Other _____

Email(s) _____

Birth(s) _____
Month Day 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 _____ "Sand Gnat" Shag a Ganza _____

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** _____

Signature _____ **Date** _____

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

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

Dues: \$40.00 per person

Club use only Date dues received _____ check # _____ cash _____