



The Florence Shag Club
Post Office Box 7363
Florence, South Carolina 29502-7363
Membership Application

Dues are \$35.00 per person per year. For existing members rejoining during our re-up period (Oct. 1-Nov. 30th) dues will be \$30.00. Afterwards, dues are \$35.00. Mail Checks made payable to The Florence Shag Club to P.O. Box 7363, Florence, South Carolina 29502-7363 with this completed application.

Your Membership begins Jan. 1st and will expire on December 31st of each year.

Renewing Member(s) _____ New Member(s) _____ Check _____ Cash _____ Check # _____

Amount Paid \$ _____ Date _____ His B-Day ____/____ Her B-day ____/____ (Just month & day)

Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How do you want to receive monthly newsletter? Email _____ or US Mail _____

Waiver of Liability:

By signing this application, the Applicant(s) and/or Member(s) understands and agrees that **The Florence Shag Club** shall not be held responsible for any accident or injury that may occur to said Applicant(s) and/or Member(s) while attending any event sponsored or conducted by **The Florence Shag Club**. The Applicant(s) and/or Member(s) further agrees to give up and waive any right to bring suit against **The Florence Shag Club** or any member of **The Florence Shag Club** for any personal injury or personal property, theft or damage, that the Applicant(s) and/or Member(s) may incur while attending any of **The Florence Shag Club's** functions or events.

Signature _____ Date _____

Signature _____ Date _____

Select committees you are willing to work on this year.

Food____, Decorations____, Cool Me Out____, Clean Up____, Take Photos____,

First Time Applicants need TWO Florence Shag Club Members (in good standing) as Sponsor

Sponsor 1: _____ **Sponsor 2:** _____