



The Florence Shag Club
Post Office Box 5538
Florence, S.C.29502-5538
Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

His B-day ___/___ Her B-day ___/___ Renewing Member ___ New Member ___

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 _____.

Dues are \$35 per person per year. **Existing members rejoining during our Re-Up period (Oct. 1-Nov. 30) will receive a \$5 discount and pay only \$30**

Mail checks made payable to The Florence Shag Club to P.O. Box 5538, Florence, South Carolina 29502-5538 with this completed application.

Your Membership will expire on December 31st of each year.

First Time Applicants need two Florence Shag Club Members (in good standing) as Sponsors.

Sponsor 1: _____ Sponsor 2: _____

Renewal ___ New ___ Check ___ Cash ___ Check # _____ Amount \$ _____