

The Florence Shag Club  
"Shagging...It's an ATTITUDE"  
Post Office Box 5538  
Florence, South Carolina 29502-5538



### Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work 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 **two or more** committees you are willing to work on this year.

Food Service \_\_\_\_, Newsletter \_\_\_\_, Decorations \_\_\_\_, Cool Me Out \_\_\_\_, Golf \_\_\_\_  
Membership \_\_\_\_, Photography \_\_\_\_, Hospitality \_\_\_\_, Fund Raising \_\_\_\_, Telephone \_\_\_\_

**Dues are \$30.00 per person per year. FOR MEMBERS RE-NEWING DURING OUR RE-UP Period (Oct. 1-Nov. 30<sup>th</sup>) dues will be \$20.00. Afterwards, dues are \$30.00. 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 31<sup>st</sup> 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 \_\_\_ Card Issued \_\_\_/\_\_\_/\_\_\_ Number \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date of Processing \_\_\_\_\_