



The Florence Shag Club

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

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. The cost goes back to \$35 if you rejoin after Nov 30.

Mail checks made payable to The Florence Shag Club, P.O. Box 5538, Florence, South Carolina 29502, with this completed application. Your membership begins January 1st and expires on December 31st of each year. **First Time Applicants** need two Florence Shag Club Members (in good standing) as Sponsors.

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 _____

Signature _____ Date _____

Signature _____ Date _____

Select committees you are willing to work on this year.

Food _____, Decorations _____, Cool Me Out _____, Clean Up _____, Take Photos _____.

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Sponsor 1: _____ Sponsor 2: _____

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

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 event.