



BEAUFORT SHAG CLUB

www.beaufortshagclub.com

Membership Application

(Please Print)

Name #1 _____ / ____ / ____
Last First Birthday (Year Optional)

Name #2 _____ / ____ / ____
Last First Birthday (Year Optional)

Address _____
Street Address or PO Box City State Zip

Phone _____ Work _____

Email Address(es) _____

Occupation(s) _____ Wedding Anniversary ____ / ____ / ____
(Optional)

Which Club Committee would you like to serve on?

Decorating _____ Membership _____ Greeters/Setup/Take Down _____ Social _____

Photography _____ Food _____ Parade _____ Newsletter _____ Jr.Shag _____ Other _____

Do you authorize your address and telephone number to be released to the membership? Yes No

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and bylaws of the Beaufort Shag Club. I understand that my membership may be revoked by the Club at any time it may be deemed necessary. I agree that the Beaufort Shag Club, and its Board of Directors, shall not be held responsible for any accidents, personal injury or loss of any personal property associated with my attendance at, or participation in, any club function.

Member #1 _____ / ____ / ____
Signature Print Legibly Date

Member #2 _____ / ____ / ____
Signature Print Legibly Date

Membership Fee: \$25 per person per year
Make Check Payable to: Beaufort Shag Club
Mailing Address: PO Box 1815, Beaufort, SC 29901
Contact Persons: Kathy Bundy, President 524-6267(h) 524-2207 x 229
Dave Olszewski, VP 522-1918
John Reynolds, Treasurer 524-3732