



Membership Application

New Member

Renewal

Personal Information

Name _____

Address _____

City _____

State / Zip _____

Home Phone _____

Cell Phone _____

Email _____

Birthday _____

Anniversary _____

For New Members Only

Recommendation by (2) active members of Rock Hill Shag Club

1) _____

2) _____

What committee would you like to serve on?

Social Membership Telephone

Minimum Age for Membership is 21

Annual Membership Dues of **\$25.00** required when application is submitted. (Dues run from January - December _____)

Date Paid _____ Date Card Issued _____

Applicant/s Signature _____