

Application for regular membership (new member)

Colonial Shag Club, Inc., P.O. Box 12104, Newport News, VA 23612-2104

Use a separate form for each applicant. Print legibly using all capital letters

Name: _____

If you applied within the last two years, either as a regular or an associate member, **fill out only the contact data that has changed**. Otherwise, fill out all contact data (birth day and email address are optional)

Address _____

Phone _____ Birth month/day ___/___

Email address _____

(email used for event notification and distributing monthly newsletter. If left blank, a newsletter will be mailed)

Membership dues cover the remainder of the current year	Circle one ↓
If joining in: • January thru March	\$25
• April thru June	\$20
• July thru September	\$15
• October thru December	\$10

Membership begins upon submittal of this form and continues until terminated for failure to pay renewal dues.

I am 21 years of age or older, or the signature of a parent or guardian appears below. This information is true to the best of my knowledge. I agree to abide by the rules and bylaws of the Colonial Shag Club, Inc. I authorize the club to use my name, birthday (month and day) and/or photographic likeness in Club publications, the Club website or the Club Facebook page. I agree that the Colonial 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.

Signature of applicant _____ Date _____

Signature of guardian _____ Date _____

If applicant under 21 years of age

Submit completed application and dues (check payable to Colonial Shag Club) to address shown on top of form or submit at a club social.