

# Colonial Shag Club, Inc.

P.O. Box 12104

Newport News, VA 23612-2104

## Associate/Junior Membership Application

Use a separate form for each applicant.

# PLEASE PRINT LEGIBLY

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

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

Street

\_\_\_\_\_

City

State

Zip Code

Phone: \_\_\_\_\_

Email address \_\_\_\_\_

**If you do not want event notifications and the monthly newsletter emailed to you, do not provide an email address**

Membership term is from acceptance of the application through December 31.

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 and I agree to abide by the rules and bylaws of the Colonial Shag Club, Inc. I understand that my membership may be suspended or terminated by the Club at any time for good cause. I authorize the club to use my name, birth date (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 property associated with my attendance at, or participation in, any club function. I further acknowledge as an Associate Member that I have no voting rights and cannot hold office in the Colonial Shag club. I further understand that I will be entitled to attend all parties and functions of the club. Fees for these functions shall be determined by the Board. I understand that I may upgrade to a regular membership at any time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

If applicant under 21 years of age

The Colonial Shag Club, Inc. is a private social club and operates under the IRS guidelines for a 501(c)(7) organization.

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

Revised January 1, 2020