

Colonial Shag Club, Inc.

P.O. Box 12104

Newport News, VA 23612-2104

Regular Membership Application

Use a separate form for each applicant.

PLEASE PRINT LEGIBLY

Name: _____

Address: _____

Street

City

State

Zip Code

Phone _____ Birth month/day ____/____

Email address _____

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

		Circle One ↓
If renewing before:	February 1st	\$20.00
If joining in:	January thru March	\$25.00
	April thru June	\$20.00
	July thru September	\$15.00
	October thru December	\$10.00

I am 21 years of age or older. 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** _____

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

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#** _____