

**Colonial Shag Club, Inc.**  
**P. O. Box 14581**  
**Newport News, VA 23608-3608**  
**Membership Application 2024**

**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.**

<b>RENEWING - Pay by Dec 31st or Grace Period ending Feb. 1st</b>			<b>CIRCLE ONE</b>
			\$25.00
<b>Joining</b>	<b>Initiation Fee</b>	<b>Membership Fee</b>	
Jan - Mar	\$5.00	\$25.00	\$30.00
Apr - Jun	\$5.00	\$20.00	\$25.00
Jul - Sept	\$5.00	\$15.00	\$20.00
Oct - Dec	\$5.00	\$10.00	\$15.00
Oct - Next Year *	\$5.00	\$25.00	\$30.00
			<b>TOTAL DUE</b>

*\* New members joining in the 4th quarter have the option to waive the remaining current year Membership Fee if they pay the full Initiation Fee and pre-pay their next year's Membership Fee at the full annual rate.*

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 #** \_\_\_\_\_