

Columbia Shag Club

www.columbiashagclub.net

Membership Application 5/1/2020 - 4/30/2021

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Phone: _____ Birthday: ____/____/____

Would you be willing to get your newsletter by e-mail? Yes No

Would you like to serve on a committee?

Door: _____ Decorating: _____ Bar: _____

Beverage/Supplies: _____ Membership: _____

**PLEASE COMPLETE FORM AND RETURN WITH CHECK FOR
MEMBERSHIP DUES OF \$40.00 TO:**

COLUMBIA SHAG CLUB

P.O. Box 11225

Capitol Station

Columbia, SC 29211

DISCLAIMER: In consideration of dues paid for membership into the Columbia Shag Club (CSC), Inc., I, the applicant, being of lawful age, do hereby release and forever discharge CSC for any and all causes of action, claims, and demands for, upon, or by reason of any damage, loss, or injury, which heretofore has been or which may hereafter be sustained by me as a consequence of my actions at a CSC function. It is understood that the act of admission to CSC sponsored events as a member is not construed as an admission on the part of CSC of any liability to me whatsoever for any personal injury or loss.

In witness whereof, I have set my hand and seal this _____ day of _____, Yr. _____.

WITNESS

APPLICANT

