



Beaufort Shag Club

www.beaufortshagclub.com

2025 Membership Application

(Please Print—Note, use the names you'd like to be used on your Name Badge)

(Circle One)

Name #1 _____ M - F _____ / ____ / ____
Last First Birthday

Name #2 _____ M - F _____ / ____ / ____
Last First Birthday

Address _____
Street Address or PO Box City State Zip

Phone _____ Work _____

Email address(es) _____

Do you want to take our Beginner Lesson Class ? Yes ☐ No ☐

You must contact Woody Oakley at (843)812-1825 or by email at wfoslo75@gmail.com to be assigned a class

I authorize my address, telephone number and email address to be released to the membership? Yes ☐ No ☐

Annual Membership Fee: New Members \$40 per person (see below pro-rate chart) / Renewals \$35 per person

(No Refunds of dues for any reason)

Membership Dues	Membership Dues	Membership Dues	Membership Dues
Jan 1st - March 31st	April 1st - June 30th	July 1st - Sept 30th	Oct 1st - Dec 31st
\$40.00 per person	\$30.00 per person	\$20.00 per person	\$10.00 per person

Please note that membership dues are for current year membership with renewal due on January 1st of the following year. Included in your membership fee: Lessons, weekly and monthly Saturday dances.

Make Check Payable to: Beaufort Shag Club
Mailing Address: P.O. Box 54 Port Royal, SC 29935

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and bylaws of the Beaufort Shag Club. Application into the Beaufort Shag Club shall be extended to persons who are dedicated to the preservation of "The Shag" and the music associated with it, and who conduct themselves with appropriate social demeanor. I understand that my membership may be revoked by the Board of Directors at any time deemed necessary due to inappropriate actions or demeanor on my part. I further agree that the Beaufort 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.

Member #1 _____ / ____ / ____
Signature Print Legibly Date

Member #2 _____ / ____ / ____
Signature Print Legibly Date

How would you like to be involved with the Beaufort Shag Club?

Helping with Breakfast ____ Social/Decorating ____ Photography ____ DJing ____ As needed ____



Our club dance activities are licensed by:
American Bop Association and we are proud members
of the Association of Carolina Shag Clubs.

