Capital City Shag Club

Columbia, SC

Membership Application

January 1—December 31

Year 2027

Mail completed application with payment to:

Capital City Shag Club — PO Box 53 — Irmo, SC 29063

capitalcityshagclub.sc@gmail.com

Check One: ☐ **RENEWAL** ☐ **NEW MEMBER**

#1 Last Name _____ **First Name** _____

#1 Mailing Address _____ City _____ State _____ Zip _____

#1 Phone# _____ Birthday: Month ___ Day ___ Occupation _____
(if retired, what was your occupation)

#1 Email: _____ Other Shag Club Affiliations _____

#2 Last Name _____ **First Name** _____

#2 Mailing Address _____ City _____ State _____ Zip _____

#2 Phone# _____ Birthday: Month ___ Day ___ Occupation _____
(if retired, what was your occupation)

#2 Email: _____ Other Shag Club Affiliations _____

Annual Dues $60 Check# _____ Cash _____

Make checks payable to: **Capital City Shag Club**

Release: For and in consideration of dues paid to membership in Capital City Shag Club (CCSC), I (the undersigned) being of lawful age, hereby release and forever discharge CCSC from any and all causes of action, claims, and demands for or upon or by reason of any damages, loss or injury which heretofore has been sustained by me as a consequence of my actions at any CCSC function. It is understood that the act of admission to any CCSC sponsored event as a member is not construed as an admission on the part of CCSC of any liability to me whatsoever for any injury or loss.

#1 Signature _____ **Date** _____

#2 Signature _____ **Date** _____

Received by _____ **Date** _____