



## Capital City Shag Club

Columbia, SC

### Membership Application

January 1—December 31

Year 2026

*Mail completed application with payment to:*

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

[capitalcityshagclub.sc@gmail.com](mailto: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 \_\_\_\_\_

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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 \_\_\_\_\_