

2024



Membership Form

New Renewal

Applicants must be at least 21 years of age.

Please print clearly.

Applicant

Name: _____ Birth Month/Day: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (1) Home _____ (2) Work/Cell _____

(1) Email Address: _____

Spouse (if applicable)

Name: _____ Birth Month/Day: _____
Phone: (3) Work/Cell _____

(2) Email Address: _____

Communication with the Club

Please select ONE of the following options:

- I want to receive weekly updates and newsletter via email and CSC's website.
Please include email address(es) above.
- I do not wish to receive any club communication.

Please select a Committee(s) in which you would like to participate:

- Communications Junior Shag Membership
 Photography Social Ways & Means

Fees & Payment:

Annual fee is \$30 per person

Paid by: Cash Check # _____ Amount: _____

Please make check payable to **Charlotte Shag Club**.

Signature: _____ Date: _____

Mail to: Charlotte Shag Club, PO Box 471165, Charlotte, NC 28247