



# Richmond Shag Club

P.O. Box 35771, N. Chesterfield, VA 23235

www.richmondshagclub.org



New Expiration Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

**\* DATE MUST MATCH CARD \***

For RSC Staff Use Only

Membership Fee: \$30.00 each

*\* \$25 fee for returned checks \**

Date: \_\_\_\_\_

New Member:

Renewal/Returning Member:

Name 1:

\_\_\_\_\_  
Last First Nickname

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Birthdate ( MM/DD )

\_\_\_\_\_  
Email address

Name 2:

\_\_\_\_\_  
Last First Nickname

\_\_\_\_\_  
Cell Phone Birthdate ( MM/DD )

\_\_\_\_\_  
Email address

**NOTE:** Phone numbers and email addresses provided are used to send the newsletter, messages about our club activities, club-related events, member news, etc. They are not shared with other groups or organizations. If you provide a phone number or email address, you consent to receiving the above notifications.

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and by-laws of the Richmond Shag Club. I understand that my membership may be revoked by the Club at any time it may be deemed necessary. I agree that the Richmond 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.

Name 1 or 2:

\_\_\_\_\_  
Signature Printed Name Date

For RSC Staff Use Only: Name 1: \_\_\_\_\_ Card Made:

Name 2: \_\_\_\_\_ Card Made:

Cash: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_ # \_\_\_\_\_ Received by: \_\_\_\_\_