



Richmond Shag Club

P.O. Box 35771, Richmond, VA 23235

www.shagRVA.org



New Expiration Date

____/____/____

* DATE MUST MATCH CARD *

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 or 2: _____ Card Made:
Cash: \$ _____ Check: \$ _____ # _____ Received by: _____