



**Association of Carolina Shag Clubs  
Application of Full Membership**

Full Membership entitles your shag club to an annual \$400 rebate check if you attend the required meetings (Mid-Winter Workshop, Summer Workshop and either Spring or Fall SOS Meeting) and Voting privileges.

Name of Club or Organization: \_\_\_\_\_

Club Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

President's/Owners Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Club Formed: \_\_\_\_\_ Present Membership \_\_\_\_\_ Projected \_\_\_\_\_

City or Area Served: \_\_\_\_\_

Name of Club Newsletter: \_\_\_\_\_

Annual Party Name and Date(s): \_\_\_\_\_

Goals for the coming year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Current President/Owner

\_\_\_\_\_  
Date Signed

**Complete this form and mail to the current A.C.S.C. Secretary with the following required attachments:**

- (1) A copy of your Club's By-laws
- (2) A check for dues payable to the Association of Carolina Shag Clubs
- (3) A copy of your current newsletter ( if applicable)