

SOS Membership Form

PLEASE PRINT LEDGIBLY (For additional pages, please make copies)

Date _____

Shag Club Name _____

Address _____

Contact Person _____ Tel # _____

Email _____

1. Name(s): _____

Address: _____

City, State, Zip _____ Card # _____

2. Name(s): _____

Address: _____

City, State, Zip _____ Card # _____

3. Name(s): _____

Address: _____

City, State, Zip _____ Card # _____

4. Name(s): _____

Address: _____

City, State, Zip _____ Card # _____

Mail form to: Pat Smith, SOS Registrar 407 Ivy Circle Anderson, SC 29621

Email: psossmith@charter.net

Mail check to: SOS - PO Box 4456 - North Myrtle Beach, SC 29597

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