## Association of Carolina Shag Clubs Application for Membership

Name of Club or Organization:				
Type Membership (check one):	Full Member:	Subscriber Member:		
Club Mailing Address:				
City, State, Zip				
President's/Owners Name:				
Mailing Address:				
City, State, Zip				
Home Phone:		Work Phone:		
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	<u> </u>	Date Signed:		
your Club's By-laws	to the Association of Carolina	the following required attachments: Shag Clubs (3) A	(1) A copy of	
acscapp (excel)	Revised 01-30-04			