

Hilton Head Island Carolina Shag Club

Membership Form

Annual Full Membership \$30
Membership Year **June 1, 2017 to May 31, 2018**

___ New Member Date: _____

___ Renewing Member

PLEASE PRINT

Name: _____

Address: Street _____

City _____ State _____ Zip Code _____

Phone: _____

Email: _____

Please include my name and contact information in the HHICS club directory
(Available only to HHICSC members.)

Do not include my name and contact information in the HHICS club directory.

Member signature: _____

▪Your signature indicates that you agree to abide by the By-Laws and rules and regulations established by the Hilton Head Island Carolina Shag Club.

▪Please make your check payable to **Hilton Head Island Carolina Shag Club**.
If mailed, send to HHICSC, P.O. Box 6681, HHI, SC 29938

Payment by Check	Payment in Cash	For Committee use: To Membership File	For Committee use: To Email Directory	For Committee use: To Treasurer
Amount _____	\$ _____	____/____/____	____/____/____	____/____/____
Check # _____				