Hilton Head Island Carolina Shag Club
Membership Form

Annual Full Membership **$30**
Membership Year **June 1, 2018 to May 31, 2019**

____ New Member Date: _____

____ Renewing Member

PLEASE PRINT

Name: _____

Address: Street_____

City _____State _____Zip Code _____

Phone: _____

Email: _____

Community/Plantation: _____

☐ 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 # _____	$	_____/_____/_____	_____/_____/_____	_____/_____/_____

Revised May 2018