

# Hilton Head Island Carolina Shag Club

## Membership Form

Annual Full Membership **\$30**  
 Membership Year **June 1, 2021 to May 31, 2022**

New Member \_\_\_ **or** Renewing Member \_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Month \_\_\_\_\_ Day \_\_\_\_\_

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: \_\_\_\_\_

**On which Committees would you like to serve?**

- |                     |                 |                        |
|---------------------|-----------------|------------------------|
| ___ Winter Classic  | ___ Website     | ___ Social Media       |
| ___ Socials/Parties | ___ Membership  | ___ Welcome            |
| ___ Greeter         | ___ Finance     | ___ Logo'd Merchandise |
| ___ DJ              | ___ Advertising | ___ Historian          |
| ___ Newsletter      | ___ Junior Shag | ___ Dance Instruction  |
| ___ Other _____     |                 |                        |

▪ *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 # _____	\$ _____	____/____/____	____/____/____	____/____/____