



LAKE HICKORY SHAG CLUB MEMBERSHIP APPLICATION

WWW.LAKEHICKORYSHAGCLUB.COM



PLEASE PRINT
YOUR NAME _____

MEMBER NO. _____ BIRTHDATE ____ / ____ / ____
MON DAY

SPOUSE'S NAME _____ MEMBER NO. _____ BIRTHDATE ____ / ____ / ____
MON DAY

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

EMAIL ADDRESS _____

NEW MEMBERSHIP _____ RENEWAL _____ DUES _____ EFFECTIVE DATE ____ / ____ / 20____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY MY SIGNATURE BELOW, I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF LAKE HICKORY SHAG CLUB. I UNDERSTAND THAT MY MEMBERSHIP MAY BE REVOKED BY THE CLUB AT ANY TIME IT MAY BE DEEMED NECESSARY. THE LAKE HICKORY SHAG CLUB WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENTS, PERSONAL INJURY OR LOSS OF PROPERTY DURING ANY CLUB FUNCTION.

APPLICANT'S SIGNATURE _____ DATE ____ / ____ / 20____