O.D. SHAG CLUB INC.
P.O. Box 933
North Myrtle Beach SC 29597

2027
Membership/Renewal Application
MEMBERSHIP DUES ARE PER PERSON

New Member ____ Renewal ____ Were you a member of the ODSC previously? Y/N

Name (1) _____ Membership #: _____ Birthday MM/DD _____

Mailing address: _____, Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____)_____ Email address:_____

Name (2) _____ Membership #: _____ Birthday MM/DD _____

Mailing address: _____, Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____)_____ Email address:_____

I am also including **$40.00** to purchase an SOS card through the OD Shag Club Yes ___ No ___

RULES:

1. Membership is restricted to individuals 21 years or older.
2. Membership cards are not transferrable and may be revoked if loaned out.
3. Membership may be revoked at the discretion of the Executive Board.
4. Annual dues run from January 1 – December 31.
5. Renewal annual dues are **$45.00** per person if paid by December 31, 2026, **$50.00** thereafter.
6. New membership dues are **$50.00** per person at any time during the year.
7. All memberships expire December 31st each year.

PLEASE CHECK THE COMMITTEE(S) THAT YOU WOULD LIKE TO VOLUNTEER FOR:

Advertising _____, Entertainment _____, Food _____, Golf Tournament _____, Hospitality _____
Parade _____, Photographer _____, Remembrance _____, Communications _____
Ways & Means _____, Website _____, Anything _____

This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and by-laws of the OD Shag Club. I agree that the OD Shag Club and its Board of Directors shall not be held responsible for any accidents, personal injury or loss of any personal property associated with my attendance at, or participation in any Club function (members are responsible for their guests).

Member (1): _____ Date: _____

Member (2): _____ Date: _____

Please return this completed application along with **$45.00** per person if renewing by December 31, 2026, or **$50.00** per person if requesting a NEW membership or renewal after December 31. 2026 plus the cost of an SOS card (if requested) to the address listed above. **NO SOS CARDS WILL BE MAILED, THEY MUST BE PICKED UP!**

Club Use Only: Payment Method: Check _____, Cash _____, Amount Received _____,
Date _____ New Member _____, Renewal _____, Lifetime _____, Address Ver. _____,
Birthday Ver. _____ Email _____, Committee Vol. _____, App Signed _____, Cards Mailed _____,
Name Tags Ordered _____