

# 2012 OD PAVILION SOCIAL & SHAG CLUB

P.O. Box 5694  
North Myrtle Beach, SC 29597  
*Membership Application*

## **OD Pavilion Social & Shag Club - Where It All Began-Ocean Drive, SC**

Dues: \$30.00 per year, per person

Annual Membership Renewal application fee due by December 31

Date: \_\_\_\_\_ New:   
Renewal:  Renewal Date: \_\_\_\_\_

Application Number \_\_\_\_\_  
Membership card will be mailed to you.

Name #1: \_\_\_\_\_ / /  
LAST FIRST NICKNAME BIRTHDAY (Year optional)

Name #2: \_\_\_\_\_ / /  
LAST FIRST NICKNAME BIRTHDAY (Year optional)

Address: \_\_\_\_\_  
STREET ADDRESS OR P.O. BOX CITY STATE ZIP

Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ X Occupation: \_\_\_\_\_  
OPTIONAL

E-Mail Address(es): \_\_\_\_\_  
(An option for receiving messages on Club activities, special events, membership renewal reminders, member news, etc.)

**\$25.00 fee for any returned check!**

Would you like to volunteer to help a Club Committee?

Yes  No

If Yes, check off the committee(s) of interest to you:

- Flyers/Mailings  Membership  Dance  
 Golf Tournament  Remembrance  Social  
 Ways & Means  Host & Greeters  Music  
 Please contact me, I need more info!

**NEW MEMBERS: Preferences For Activities**  
OD Pavilion Shag & Social Club - Areas of interest:

- Weekend Parties  
 Golf Tournament  
 Bus Trips To Visit Other Shag Clubs.  
 Monthly One day / night parties.  
 Beach Parties  
 Other: \_\_\_\_\_

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 Pavilion Social & Shag Club. I understand that my membership may be revoked by the Club at any time it may be deemed necessary. I agree that the OD Pavilion Social & 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.

Member #1: \_\_\_\_\_  
SIGNATURE PRINTED LEGIBLY DATE

Member #2: \_\_\_\_\_  
SIGNATURE PRINTED LEGIBLY DATE

*For Membership Staff Use Only:*

Cash: \_\_\_\_\_ Initials: \_\_\_\_\_

Check: \_\_\_\_\_ # \_\_\_\_\_

Posting Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Received from: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Received: \_\_\_\_\_  New  Renewal Signature: \_\_\_\_\_

Renewal Date: \_\_\_\_\_ Notes: \_\_\_\_\_