



The Ocean Islanders Shag Club (OISC)

Associate Member Application

Affiliated and Unaffiliated Associate Members (as defined by OISC by-laws)
Please read carefully and print all information required.

Name(s) _____

Other Shag Club(s) Current Membership _____

Address _____

City, State, Zip _____

Member 1

Member 2

Email _____

Phone _____

Birthdate (Month/Date) _____

Unless otherwise indicated, listing an email address will add you to our contact list for club emails/newsletters.

Release: FOR AND IN CONSIDERATION of dues paid for an associate membership to the Ocean Islanders Shag Club (hereinafter "OISC"), I, the undersigned, being of the lawful age (at least 21), do hereby release and forever discharge OISC from any and all causes of action, claims, and demands for, upon, or by reason of any damage, loss, or injury, which heretofore has been or which will hereafter be sustained by me as a consequence of attendance at OISC sponsored functions. It is understood that the act of admission to OISC sponsored functions as an Affiliated or Unaffiliated Associate Member is not construed as an admission on the part of OISC of any liability to me whatsoever for any personal injury or loss. I acknowledge that I have an interest in the Carolina Shag and the preservation of the dance, the music, and the lifestyle which OISC enjoys. An affiliated or unaffiliated associate membership entitles the undersigned to admission to all parties, without benefit of special functions. I understand that I have no voting rights and cannot hold an office in OISC. I may change to a regular membership at any time (If you have attended five or more paid events, you can upgrade your membership as defined by the Membership Dues policy of OISC, otherwise the cost of regular membership will be the cost at the time you upgrade).

Affiliated Associate Members Only: I understand that if I am joining as an Affiliated Associate member, I may attend membership meetings and engage in discussion but have no voting rights.

I have read the above in full and acknowledge below by my signature.

This application must be completed and signed

Associate Member Signature _____ Date _____

Associate Member Signature _____ Date _____

CLUB USE ONLY			
<input type="checkbox"/> AAM	<input type="checkbox"/> Cash	Amount	Received By
<input type="checkbox"/> UAM	<input type="checkbox"/> Check # _____		Date
Comments:			

Please make checks payable to: Ocean Islanders Shag Club