



MEMBERSHIP APPLICATION – 2018
March 1, 2018 thru February 28, 2019
First Coast Shag Club, Inc.
(www.firstcoastshagclub.org)

Date _____ Member # _____

Name #1 _____ Birthday ____ Mo. ____ Day _____

Name #2 _____ Birthday ____ Mo. ____ Day _____

Mailing Address _____

City, State, ZIP _____

Email address #1 _____ Phone _____

Email address #2 _____ Phone _____

#1 Occupation _____ #2 Occupation _____

- *This application is for a Renewal _____ New Member _____
- *The First Coast Shag Club, Inc., fiscal year is March 1, 2018 through February 28, 2019.
- *Renewal dues, \$30.00 per year, per person, if postmarked before March 15th. After March 15th late renewal dues are \$35.00.
- *New member dues are \$35.00 per year, per person.
- *Do you authorize your address, phone number, and email to be released to the membership? ____yes ____no.
- *Please make check payable to: **FIRST COAST SHAG CLUB, INC.**
- *MAIL TO: First Coast Shag Club, Inc., P.O. Box 551424, Jacksonville, FL 32255-1424 ... (or hand deliver to any Club Officer).
- *PLEASE COMPLETE MEMBERSHIP APPLICATION IN ITS ENTIRETY AND ATTACH YOUR CHECK.

VOLUNTEER OPPORTUNITIES: We invite your participation. Please check if you are interested in helping with your shag club.

____ Communications (website ____ telephone ____ flyers ____ publicity ____ newsletter ____)

____ Parties (food ____ decoration ____ clean-up ____ staffing ____ door duty ____ door prizes ____)

____ Weekend Events

____ Membership

____ Merchandise

____ Other (use reverse side to explain)

FCSC SUPPORTS THE AMERICAN CANCER SOCIETY!
RELEASE FROM LIABILITY

*This Release is executed at Jacksonville, Duval County, Florida, by the below-named (herein referred to as "Releasor"), in order to participate in any activities conducted by the First Coast Shag Club, Inc.

*Releasor, his/her spouse, legal representatives, heirs and assigns, hereby releases, waives and discharges the First Coast Shag Club, Inc., its officers and members (herein referred to as "Releasees"), and each of them from all liability to Releasor's spouse, legal representatives, heirs and assigns, for any and all loss or damage and any claims or damages resulting in death of the Releasor, whether caused by negligence of Releasees or otherwise, while the Releasor is for any purpose participating in any activity or function sponsored by the First Coast Shag Club, Inc.

*Releasor agrees to indemnify the Releasees and each of them for any loss, liability, damage or cost they may incur due to the presence of the Releasor at any activity or function sponsored by the First Coast Shag Club, Inc., whether caused by the negligence of the Releasees or otherwise, on a continuing basis from the date hereof.

*Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while for any purpose participating in any activity or function sponsored by the First Coast Shag Club, Inc. from the date hereof on a continuing basis.

*Releasor expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion hereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect from this date hereof on a continuing basis.

IN WITNESS WHEREOF Releasor has executed this release at Jacksonville, Florida, the day and year below written.

Date _____ I am over 21 years old _____

 Signature

Date _____ I am over 21 years old _____

 Signature

FOR FCSC USE ONLY:

Date paid: _____ Amount paid \$ _____ Cash _____ Check # _____ Received by: _____