

PLEASE PRINT LEDGIBLY

SOS Membership Form

Shag Club Name _____

Address _____

Contact Person _____ Tel # _____

Email _____

Name(s): _____ Card # _____

Address: _____

City, State, Zip _____ Email _____

Name(s): _____ Card # _____

Address: _____

City, State, Zip _____ Email _____

Name(s): _____ Card # _____

Address: _____

City, State, Zip _____ Email _____

Name(s): _____ Card # _____

Address: _____

City, State, Zip _____ Email _____

Name(s): _____ Card # _____

Address: _____

City, State, Zip _____ Email _____