





Affiliated Associate Member Application

Ocean Islanders Shag Club Affiliated Associate Member (As defined by OISC By-Laws)

Please read carefully, print all information required. (*indicates required information)

| *Name | | | | | |
|---|--|--|--|--|--|
| *Address | | | | | |
| *City | | *State*Zip | | | |
| *Home Phone | Cell | *Email | | | |
| *I would like to receive the OIS | C Ocean Islanders | s News Newsletter: Yes | No | (must have ema | ail) |
| Release: FOR AND IN Shag Club (hereinafter "OISC" discharge OISC from any and injury, which heretofore has be sponsored functions. It is und Member is not construed as alloss. I acknowledge that I hav lifestyle which OISC enjoys. Ar benefit of special functions. As office in OISC. I may attend rattended five or more paid eve otherwise the cost of regular acknowledge below by my sign | "), I, the undersign all causes of action een or which will he derstood that the an admission on the ean interest in the affiliated associates an affiliated associates and affiliated associated as a fill affiliated associated as a fill affiliated associated as a fill affiliated as a fill affiliated associated as a fill affiliated as a fill affil | ned, being of the lawful agon, claims, and demands for hereafter be sustained by act of admission to OISC are part of OISC of any liabilities are Carolina Shag and the demembership entitles the ociate Member, I understaings and can change to a lide your membership as defined to the country of the lawful and the lawful a | re (at least or, upon, or me as a componsored ity to me who preservation undersigned ind I have regular meetined by the or, or and the or the or and the oreal and the or and th | 21), do hereby relative to by reason of any consequence of attractions as an A hatsoever for any n of the dance, the data admission to a constant of the dance are without the data and the | lease and forever damage, loss, or endance at OISC ffiliated Associate personal injury or the music, and the fall parties, without and cannot hold an time (If you have es policy of OISC, |
| | This application | on must be completed | l and sign | <u>ed</u> | |
| Affiliated Associate Memb | | Date | | | |
| | | CLUB USE ONLY | | | |
| □Cash □Check # | Amount | Received By | | Date | |
| Comments: | | | | | |