

SHAGATTACK

APPLICATION FOR SHAGATTACK

\$60.00 per person for membership. Please enclose a check or money order with this form and mail to:

**SHAGATTACK
P.O. BOX 299
NORTH MYRTLE BEACH, S.C. 29597**

NAME(S): _____

Complete Mailing Address:
Street/P.O. Box: _____

City, State, Zip Code: _____

Telephone Numbers: Home: _____

Work: _____

Cell: _____

Email Address: _____

(Must be 21 years old or older to apply)

**** Please indicate if Address is New!!!!**