



Carolina Coast Surf Club, Inc.

PO Box 161, Sullivan's Island, SC 29482

Membership application

Please complete this application and mail it with your check to the above address. If applying for a family membership, have each family member complete a separate application and attach to the main application.

Full legal name: _____ Date of birth: _____

Mailing address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail _____

Applying for: (check one) **Note:** Dues are for one year, June 1 through May 31

Family: \$100/year (new membership includes two hats and two t-shirts)

Adult: \$50/year (new membership includes one hat and one t-shirt)

Student: \$25/year (under 21 years of age) (new membership includes one hat and one t-shirt)

T-shirt size: _____ Cap size: adult _____ child _____

Membership fee: \$ _____

Total amount due: \$ _____

Please tell us about yourself in a few short sentences (family, work, hobbies, etc). _____

Are you willing to help with club functions or projects? Yes No

By signing below, I agree to abide by all club rules and regulations.

Signature of applicant: _____ Date: _____

Printed name of applicant: _____