

# OD PAVILION SOCIAL & SHAG CLUB

## 2025 *Membership Application*

***OD Pavilion Social & Shag Club -  
Where It All Began - Ocean Drive, SC***

**Dues: \$40.00 per year, per person    Annual Membership Renewal application fee due by December 31**

Date: \_\_\_\_\_  Renewal  New Member

Name #1: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST                                      FIRST                                      NICKNAME                                      BIRTHDAY (Year optional)

Name #2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST                                      FIRST                                      NICKNAME                                      BIRTHDAY (Year optional)

Address: \_\_\_\_\_ - \_\_\_\_\_  
STREET ADDRESS or P.O. BOX                                      CITY                                      STATE                                      ZIP CODE

Home Phone: ( ) \_\_\_\_\_ Cell #1: ( ) \_\_\_\_\_ Cell #2: ( ) \_\_\_\_\_

E-Mail Address(es): #1: \_\_\_\_\_ #2: \_\_\_\_\_  
(An option for receiving messages on Club activities, special events, membership renewal reminders, member news, etc.)

Would you like to volunteer to help our Club?  Yes  No

If Yes, check off the committee(s) or Board position of interest to you:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communications     | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Golf Tournament Prizes/Raffles      |
| <input type="checkbox"/> Membership         | <input type="checkbox"/> ODPSSC Officer  | <input type="checkbox"/> ODPSSC Board Member                 |
| <input type="checkbox"/> Socials/Volunteers | <input type="checkbox"/> Website         | <input type="checkbox"/> Please contact me, I need more Info |

**This information is true to the best of my knowledge. By my signature, I agree to abide by the rules and by-laws of the OD Pavilion Social & Shag Club. I understand that my membership may be revoked by the Club at any time it may be deemed necessary. I agree that the OD Pavilion Social & Shag Club and its Board of Directors shall not be held responsible for any accidents, personal injury or loss of any personal property associated with my attendance at, or participation in, any Club function.**

Member #1: \_\_\_\_\_  
SIGNATURE                                      PRINTED LEGIBLY                                      DATE

Member #2: \_\_\_\_\_  
SIGNATURE                                      PRINTED LEGIBLY                                      DATE

Make checks payable to:  
**OD Pavilion Social & Shag Club**  
**P.O. Box 5694**  
**North Myrtle Beach, SC 29597**

