

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

