

# SHAGATTACK

## APPLICATION FOR SHAGATTACK

**\$50.00 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!!!!**