

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**

Checks MUST be made out to BSNHOF

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!!!!**