Sarasota Shell Club

2026/2027 Membership Application

☐ **New Member: Individual $30 - Family $40**
(Includes a membership name tag)

☐ **Renewal Member: Individual $25 - Family $30**

Join the Sarasota Shell Club by mailing a check made out to SSC to:

Barbara Evans
212 Oakwood Blvd. West
Sarasota, FL 34237

All new and renewed memberships will receive their membership cards/badges at the monthly meetings.

Date: _____

Name(s): _____

Local address: _____

City, state, zip: _____

Phone number: _____

Email address(s): _____

(Optional) Other address & phone: _____

_____

Emergency contact & phone: _____

Month & day of your birthday:_____

Our Insurance Requires a Liability Release

I agree that I am individually responsible for my safety and my personal property. I will not hold the Sarasota Shell Club, its officers, field trip leader(s), or property owner(s) liable for any damage or injury to me or my property that should occur.

Signature required for each member joining:

1. _____

2. _____

The SSC publishes a roster with names, addresses and email addresses for our members' use only. Please check one:

___ It is **OK** to publish my information in the roster.

___ It is **Not OK** to publish my information in the roster.

Look for us at: www.Sarasotashellclub.com
Facebook: https: //www.facebook.com /sarasotafloridashellclub
Contact us: sarasotashellclub@gmail.com

(To be filled out by the Membership Committee)

Renewal ☐ New Member ☐

Amount Paid:_____ Date Paid:_____

Check#_____ Cash _____

☐ Card ☐ Badge Ordered