APPLICATION FOR ESC MEMBERSHIP 2024-2025

(October 1, 2024-September 30, 2025)

Complete application (please print) & include your check payable to: Englewood Shell Club

Send to: ESC Membership, P. O. Box 911, Englewood, FL 34295

Please check your membership choice below:

Individual Membership		Family Membership		
☐ Renew Member ☐ New* Member			Renew Family New* Family	\$45.00 \$70.00
Note: New Member Fee covers one-t Membership of two or three who res				•
Name	Othe	er (F	amily*)	
Florida Address:	Othe	r (F	amily*)	
Street				
City/State/Zip				
Phone#	Cell #	#_		
Email				
Other Address (optional):				
Street				
City/State/Zip				
Phone #				
Do you use Facebook?	ESC Website?		Text Messaging	?
Englewood Shell Club is YOUR Club! I volunteering for at least one event or				
	RELEASE OF LIAB	ILI	ΓY	
Pictures taken during Shell Club activi I'm responsible for my own personal				-
hold Englewood Shell Club, its Team L	eaders, or property own	ers	liable for any injuries th	hat may occur.
Signed		Dat	te	
	MPLETE BELOW (For N			
Cash or Check #	# Amount S		Date	