

**SHAQ'S AFTER DARK
MEMBERSHIP APPLICATION
PLEASE PRINT LEGIBLY**



NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

COUNTY: _____ DL#/ST: _____

PHONE: _____

EMAIL: _____

D-O-B: _____

I, _____ HEREBY
REQUEST MEMBERSHIP INTO SHAQ'S AFTER DARK.
IF ACCEPTED, I WILL ADHERE TO ALL RULES &
REGULATIONS AS DICTATED IN THE BYLAWS OF THE
ESTABLISHMENT.

(SIGNATURE)

(DATE)

APPLICANT SPONSOR: _____
(Existing Member of Shaq's After Dark)