



APPLICATION FOR MEMBERSHIP

NAME

Last First Middle

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

Month / Day / Year

MAILING ADDRESS

Street Address City State Zip

PROPERTY OWNERSHIP

- ☐ Shiloh Falls Homeowner - Address if different from above: _____
- ☐ Shiloh Falls Lot Owner - Lot Number(s): _____
- ☐ Non-Property Owner

MEMBERSHIP TYPE

- ☐ Full Membership – Includes access to golf, dining, social events, swimming pool & pickleball facilities.
- ☐ Golf Only Membership - Includes access to golf facilities, including course, practice areas & pro shop.
- ☐ Social Membership - Includes access to dining, social events, swimming pool & pickleball facilities.

FAMILY & HOUSEHOLD INFORMATION

Spouse

Name Phone Email

Dependents Living in Household

Name	Relationship	Age	Date of Birth	Student?