



APPLICATION FOR MEMBERSHIP

NAME

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?