



Extended Family Member Annual Pass Registration Form

(Please use one form for each family unit and list each family member passholder individually)

Name of Shoals Club Full Member: _____

Phone Number: _____

_____ Annual Membership – Single (individual only) - \$150

_____ Annual Membership – Family - \$250

_____ Allow Charging Privileges (Charges will be charged on Full Members account)

Please List all Names Covered by this Annual Membership - Single or Family

Name: _____

Relation to Full Member _____ Birthdate (mm/dd/yyyy) _____

Name: _____

Relation to Full Member _____ Birthdate (mm/dd/yyyy) _____

Name: _____

Relation to Full Member _____ Birthdate (mm/dd/yyyy) _____

Name: _____

Relation to Full Member _____ Birthdate (mm/dd/yyyy) _____

Name: _____

Relation to Full Member _____ Birthdate (mm/dd/yyyy) _____

Payment:

Charge to Full Member’s Acct? (y/n): _____ Annual Member will pay? (y/n): _____

Member Acct #: _____

If Annual Member pays, they should call in the credit card #

_____ **Full Member Name – Print**

_____ **Full Member Name – Signature**

Date: _____