



## 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:** \_\_\_\_\_