

**SUN CITY SHADOW HILLS  
COMMUNITY ASSOCIATION CHARTERED CLUB**

**MEMBERSHIP FORM**

DATE: \_\_\_\_\_

MEMBERSHIP DUES PAID FROM: \_\_\_\_\_ TO \_\_\_\_\_

DUES AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_ TAKEN BY: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I AM A FULL TIME RESIDENT: YES \_\_\_\_\_ NO \_\_\_\_\_

THE MONTHS I RESIDE HERE ARE FROM: \_\_\_\_\_ TO \_\_\_\_\_

I WILL BE WILLING TO SERVE ON A COMMITTEE: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE