

THE CLUB AT
Shadow Lakes

2012 Membership Application

Membership Information

I am applying for a Membership as a:

- | | | |
|---|---|--|
| <input type="checkbox"/> Full Golf Member | <input type="checkbox"/> Social Golf Member | <input type="checkbox"/> Driving Range |
| <input type="checkbox"/> Senior Golf Member | <input type="checkbox"/> Junior Member | <input type="checkbox"/> Locker |
| <input type="checkbox"/> Corporate Member – 5 Designees | <input type="checkbox"/> Full Golf W/Spousal Member | <input type="checkbox"/> GHIN |
| <input type="checkbox"/> Corporate Member – 2 Designees | <input type="checkbox"/> Child Supplement Member | |

Address Information

Name (Please Print) _____

Date of Birth ___/___/___

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Home Email _____

Company Name _____

Type of Business _____

Title _____ Length of Employment _____ (Years)

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

Business Email _____

Please indicate where you would like to receive Club statements and correspondence.

- Home Mailing Address Home Email Business Mailing Address Business Email

I authorize the following person(s) to have charging privileges under my account:

Name and Relationship: _____

I agree to be responsible for all charges to my (our) account, and to make prompt, full payment of all charges. I (we) also agree to abide by The Club at Shadow Lakes rules and code of conduct. Interest rate of 1.5% per month will be charged on accounts 30 days past due. A member's account that is not paid by the 15th of the next month will have their club privileges suspended. I (we) agree to be responsible for all legal fees incurred by The Club at Shadow Lakes for any collection of my charges.

Signature: _____ Date: _____

2000 Beaver Lakes Boulevard, Hopewell Township, PA 15001

Phone 724-375-5511

Fax 724-375-2675