



WOODS OF SHAVANO COMMUNITY ASSOCIATION MEMBERSHIP APPLICATION

13838 PARKSITE WOODS SAN ANTONIO, TX 78249

WOSCA 210.492.9809 ♦ woodsofshavano@yahoo.com

Please Print

<i>Check All That Apply</i>		
Last Name	First Name (s)	<input type="checkbox"/> New Member
Address	Zip	<input type="checkbox"/> Renewal
Home Phone	Work Phone	<input type="checkbox"/> Upgrade to Full Membership
E-mail Address (s)		<input type="checkbox"/> Non-Resident Membership
E-mail Address (s)		<input type="checkbox"/> Request Auto Decals

Full Membership only: Complete the Name (s) of Children and/or Grandchildren (oldest to youngest). Please indicate "G" next to grandchildren. Please note: Names and DOB's provided is not shared – For Association use only.

	Name	Date of Birth	M/F
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Membership Level

- Full Membership** **\$175.00** **Full use of pool and tennis courts
(Pool passes are assigned, may not be shared)**
- Non-Resident Membership** **\$210.00** **Full use of pool and tennis courts
(Pool passes are assigned, may not be shared)**
- Supporting Membership** **\$50.00** **Supports Park and Entries landscaping
– no pool / tennis court privileges**

I hereby apply to The Woods of Shavano Community Association for membership as indicated above and agree to abide by all governing rules and regulations. I understand all dues are paid annually in the month I joined on the day set by the board. For Full or Non-Resident Membership, I certify the information regarding children and others residing in my household is true and correct.

Signature (required): _____ **Date:** _____

ASSOCIATION USE ONLY: *Application & Dues Received:* *Date:* _____