



THE CLUB at SHEPARD HILLS

Membership Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Marital Status _____

Membership Type _____ Name of Spouse: _____

Names of Dependent Children: _____ Age: _____

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

Name of Employer: _____

Work Phone Number: _____