



## MEMBERSHIP ACCESS CARD REPLACEMENT CARD APPLICATION

Members currently in good standing may obtain two (2) Shadow Creek Ranch Membership Access Cards. Shadow Creek Ranch Membership Access Cards allow access to four (4) people per card at any of the four (4) popular swimming pools as well as the community amenity facilities during operating hours.

**Replacement cards costs are : \$100.00**

Membership Access Cards will be delivered by mail.

Membership Access Cards are NOT available at the Shadow Creek Ranch HOA office.

Please allow 10-14 business days for processing.

**The following information is required to obtain new cards:**

- Membership Access Card Replacement Application
- Copy of valid Driver's License or State Issued Identification
- Proof of residence (current utility bill) or HUD statement
- Check, Money Order or Cashier's Check ONLY. Cash NOT accepted.  
Check/money orders made payable to: Shadow Creek Ranch Maintenance Association

*Payments can be made online through ClickPay by e-check (ACH) or debit and credit card. [www.clickpay.com](http://www.clickpay.com)*

Submit application and payment to:

**Shadow Creek Ranch c/o Member Services**

12234 Shadow Creek Parkway Suite 3112

Pearland, TX 77584

By signing this Agreement, the undersigned Member agrees and acknowledges that their use of the Amenities will at all times be subject to the terms and conditions of the Rules & Regulations adopted by Shadow Creek Ranch. The Member hereby further agrees that the Member shall be fully responsible and liable for all acts and actions taken by any guest(s) of such Member.

**IMPORTANT NOTICE:**

**SUPPLYING FALSE INFORMATION MAY RESULT IN THE LOSS OF MEMBERSHIP AMENITY PRIVILEGES.**

Member Signature: \_\_\_\_\_

Member Name: \_\_\_\_\_

Identification: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Online: [www.shadwocreekranchhoa.com](http://www.shadwocreekranchhoa.com)

Telephone: 713.932.1122| Email: [memberservices@shadowcreekranchhoa.com](mailto:memberservices@shadowcreekranchhoa.com)

**OFFICE USE ONLY:**

**ATTACH PROOF OF RESIDENCY**

Current Membership Access Card No. \_\_\_\_\_ / \_\_\_\_\_

Date Reported \_\_\_\_\_ Date Processed \_\_\_\_\_

Payment Verification \_\_\_\_\_ Assessments Paid \_\_\_\_\_

Processed By \_\_\_\_\_

SCR Village: \_\_\_\_\_

Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

**RECORD TO CONNECT** \_\_\_\_\_

Initials

**SPECIAL INSTRUCTIONS:**

**OFFICE PICK UP** *(Manager Approval Required)*

Resident Signature: \_\_\_\_\_

Identification #: \_\_\_\_\_

FirstService Residential: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*FILE TO CONNECT**

