



MEMBERSHIP NUMBER: _____
MEMBERSHIP NUMBER: _____
CONNECT: _____ BY: _____
DATE: _____

Application for Shadow Creek Ranch Membership Access Cards

PLEASE NOTE: Only two cards are issued per household. Cards are ONLY issued to the property owner of record. In order to be issued cards, identification must be presented, proof of residency (HUD statement/Warranty Deed) and your account must be in good standing. SCR Membership Access cards are automatically renewed annually once your HOA dues are paid in FULL or if you are current on an approved payment plan agreement. New cards are processed within 7-10 business days.

TO REPLACE MEMBERSHIP ACCESS CARDS: FILL OUT REPLACEMENT MEMBERSHIP ACCESS CARD APPLICATION

Owner Name(s): _____ Email: _____

Shadow Creek Ranch Address: _____

Mailing Address (if different): _____

Phone: Home _____ Alternate Number _____

I acknowledge that I have received a copy of the Shadow Creek Ranch HOA amenity rules and the Membership Access card noted herein. I understand that I am fully responsible for ALL PERSONS using this card key including, but not limited to, all association members, guests, and tenants. I agree to follow the guidelines set forth therein and as may be amended from time to time, and that failure to do so may result in a suspension or revocation of privileges to use the pool and/or recreational facilities, and further, that monetary fines may be imposed upon me as a result of any violation of the amenity rules. In the event that my amenity card is lost or stolen, I understand that I must notify SCR immediately to avoid possible charges to my account, and I will pay the prevailing fee for the replacement of my card, which is \$100.00 I acknowledge that the fee may increase in the future. The lost or stolen card will be deactivated.

IN CONSIDERATION FOR BEING GRANTED POOL/RECREATIONAL FACILITIES ACCESS, I AGREE THAT THE USE OF ALL FACILITIES IS AT THE SOLE RISK OF THE USER. I FURTHER UNDERSTAND THAT THE USE OF ALL FACILITIES IS UNSUPERVISED AND THAT ACCIDENT, INJURY, OR DEATH MAY OCCUR AS A RESULT OF USE. I HEREBY AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS SHADOW CREEK RANCH AND FIRSTSERVICE RESIDENTIAL INCLUDING THEIR AGENTS, AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, AND/OR LIABILITY ASSOCIATED WITH USE OF THE POOL AND/OR OTHER RECREATIONAL FACILITIES BY MYSELF, MY FAMILY MEMBERS, GUESTS, TENANTS, AND INVITEES.

Owner Signature: _____ Date: _____

TENANTS:

Tenants must obtain Membership Access Cards from the property owner at the property owner's discretion.

TENANTS ARE SUBJECT TO ALL RULES.

Mail or Email this form to the address below:

SHADOW CREEK RANCH: 11234 Shadow Creek Pkwy Suite 3112 Pearland TX 77584

Email: Help@shadowcreekranchhoa.com