

Shiloh Falls Homeowners Association
Membership Registration Form - SFHA Windshield Decals

Lot #: _____
 Owner's Name: _____

Lot only: House & Lot:

(For Official Use Only)

SHILOH FALLS ADDRESS

Address: _____
 City: _____
 State: _____ Zip: _____
 Phone(s): _____

HOME ADDRESS (other than Shiloh Falls)

Address: _____
 City: _____
 State: _____ Zip: _____
 Phone(s): _____

HOUSEHOLD RESIDENT INFORMATION

<u>STATUS</u>	<u>NAME</u>	<u>SEX</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Codes for Status: 0 = Head of House, 1 = Spouse, 2 = Child, 3 = Other.

VEHICLE INFORMATION

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>LICENSE #</u>	<u>STATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DECAL Issued
 (For Official Use Only)

PLEASE COMPLETE THIS FORM AND RETURN IT TO SHILOH FALLS SECURITY.