



Shoals Club

Extended Family Member Registration Form

For Primary Home Owning Members Only

Primary Member Information

Please complete the following information for the Primary Home Owning Member:

- **Primary Member Name:** _____
- **Shoals Club Member Number (if known):** _____
- **Bald Head Island Property Address:** _____
- **Phone Number:** _____
- **Cell Phone Number:** _____
- **Email Address:** _____

Extended Family Member Information

Complete the section below for each extended family member. You may attach additional sheets if registering more than three individuals.

1. Extended Family Member

- Full Name: _____
- Date of Birth: _____
- Relationship to Member: _____
- Home Address: _____
- Cell Phone Number: _____
- Email: _____
- **Photo Attached:** Yes

2. Extended Family Member

- Full Name: _____
- Date of Birth: _____
- Relationship to Member: _____
- Home Address: _____
- Cell Phone Number: _____
- Email: _____
- **Photo Attached:** Yes



3. Extended Family Member

- Full Name: _____
- Date of Birth: _____
- Relationship to Member: _____
- Home Address: _____
- Cell Phone Number: _____
- Email: _____
- **Photo Attached:** Yes

Acknowledgment & Agreement

By submitting this form, I confirm that:

- All information provided is accurate.
- None of the extended family members listed above own property on Bald Head Island.
- I understand a one-time \$25 fee applies per card issued.
- I have an active ACH account on file or will contact shoalsar@shoalsclub.com for setup.
- I understand all privileges are subject to the Shoals Club's rules, including the right to modify or revoke extended family access as outlined in the Extended Family Privileges policy.

Primary Member Signature: _____

Date: _____

Submission Instructions

Please return this completed form with a **clear, unobstructed photo** (head-and-shoulders, no hats or sunglasses) of each extended family member:

- **Email:** shoalstemp@shoalsclub.com

Questions? Call us at **910.454.4888**