



Woods of Shavano Community Association
13838 Parksite Woods
San Antonio, TX 78249

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See What Happens – Monthly Woods of Shavano Board Meetings
 The Woods of Shavano Board of Directors meets the second Wednesday of each month from 6:30-8:30 PM at the Woods of Shavano Clubhouse. All Woods of Shavano residents are welcome to attend. The first 15 minutes of each meeting are reserved for resident input. If you would like to attend – join us! **Our February Meeting will be held on February 12, 2020.**



WOODS OF SHAVANO COMMUNITY ASSOCIATION MEMBERSHIP APPLICATION
13838 PARKSITE WOODS SAN ANTONIO, TX 78249
WOSCA 210.492.9809 • woodsofshavano@yahoo.com

Please Print

Last Name _____	First Name (s) _____	<i>Check All That Apply</i> <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade to Full Membership <input type="checkbox"/> Non-Resident Membership <input type="checkbox"/> Pool Resurface Donation
Address _____	Zip _____	
Home Phone _____	Work Phone _____	
	Mobile Phone _____	
E-mail Address (s) _____		

Full Membership only: Please list **ONLY** those family members who actually reside in your home and your grandchildren. Other family members are welcome as guests at the pool and will pay the \$5 Guest Pass fee per visit. Please note: Names and DOB's provided are not shared – For Association use only.

Name	Date of Birth (Month & Year)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Membership Levels		
<input type="checkbox"/> Full Membership	\$209.00	Full use of pool and tennis courts (Pool passes are assigned, may not be shared)
<input type="checkbox"/> Non-Resident Membership	\$250.00	Full use of pool and tennis courts (Pool passes are assigned, may not be shared)
<input type="checkbox"/> Supporting Membership	\$60.00	Supports Landscaping in Park and Entries – no pool / tennis court privileges

I hereby apply to The Woods of Shavano Community Association for membership as indicated above and agree to abide by all governing rules and regulations. I understand all dues are paid annually in the month I joined on the day set by the board. For Full or Non-Resident Membership, I certify the information regarding children and others residing in my household is true and correct.

Signature (required): _____ Date: _____

ASSOCIATION USE ONLY: Application & Dues Received: Date: _____



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