



SUGARWOOD HOMEOWNERS ASSOCIATION

P.O. Box 22702, Farragut, TN 37933 E-mail: sugarwoodboard@sugarwood.org

Application for Associate SHA Membership - Ltd Recreation Area Pass

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip code _____

Email Address: _____ Telephone: _____

Names and Ages (minor children only) of all family members who are residents of the Applicant's household for whom access to the SHA recreation facilities is requested.

Adult Name: _____ Adult Name _____

Child's Name: _____ Age: ____ Child's Name: _____ Age: ____

Child's Name: _____ Age: ____ Child's Name: _____ Age: ____

Child's Name: _____ Age: ____ Child's Name: _____ Age: ____

It is understood and agreed by Applicant that the subject Associate Membership is for limited access to the Sugarwood Homeowners Association (SHA) facilities, including the swimming pool, tennis courts, playground, picnic area, and pavilions, which expires at the end of the calendar year. No other rights associated with the SHA are conveyed.

The current non-refundable cost of the Associate SHA Membership is \$500 for a family of up to five (5) persons, plus an additional \$30 per family member over 5 persons. A [Key Card Access Agreement](#), along with a \$50 refundable key card deposit, is also required.

The Associate SHA Membership includes the Applicant and all members of his or her immediate family who are residents of the Applicant's household, is nontransferable, and is valid for the calendar year of purchase. The Applicant and all family members agree to abide by all rules and regulations of the SHA, including but not limited to Pool and Recreation Area Rules, incorporated by reference herein. It is specifically understood that use of the area for conducting commercial enterprise is prohibited without SHA consent, and any violation of the [SHA rules and regulations](#) or abuse of the facilities may result in the loss of privileges and/or forfeiture of the Associate Recreation Area Pass. Associate Recreation Pass holders and their family members assume the risk of loss or injury while using any SHA facilities, and shall hold harmless the Sugarwood Homeowners Association (SHA) and its Board of Directors.

Applicant's Signature _____ (date) _____

Please return completed application form along with your check to:
Sugarwood Homeowners Association. P.O. Box 22702, Knoxville, TN 37933

Review & Approval by SHA _____ (date) _____