



# SLEEPY HOLLOW HOMES ASSOCIATION

## Membership Form – 2017

Please use the online payment method at [www.shha.org/membership](http://www.shha.org/membership), which incorporates all required forms into the payment process, OR mail a signed copy of this form (and for Pool membership also sign the Release and Hold Harmless Agreement) with a check for the total below to: **SHHA, 1317 Butterfield Road, San Anselmo, CA 94960**

Sleepy Hollow Street Number \_\_\_\_\_ Sleepy Hollow Street: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

1st Resident's First Name: \_\_\_\_\_ 1st Resident's Last Name: \_\_\_\_\_

Cell Phone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

2nd Resident's First Name: \_\_\_\_\_ 2nd Resident's Last Name: \_\_\_\_\_

Cell Phone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

*\*This information is retained and used solely by the SHHA.*

**Please process my membership for the Sleepy Hollow Homes Association and (if desired) a seasonal pool family pass for my immediate family.**

Sleepy Hollow Homes Association \$225 OR  SHHA with Senior Discount \$200  
Name and birth date of qualifying senior (over 65)  
\_\_\_\_\_

Sleepy Hollow Seasonal Pool Family Pass \$250 OR  SHHA Seasonal Pool Family Pass with Senior Discount: \$200 (over 65)

**TOTAL \$ \_\_\_\_\_**

Check here if we may use the contact information above in a printed directory of Sleepy Hollow residents.  
OR

Check here if you wish to limit the information we include in the directory, and indicate what we should include or omit. For example "use only Email #2 and Home Phone" or "omit Cell Phone #2."

### FOR POOL MEMBERSHIP ONLY:

Minor Child's First Name

Minor Child's Birth Year

_____	_____
_____	_____
_____	_____
_____	_____

Sign and enclose the RELEASE AND HOLD HARMLESS AGREEMENT once you have read the SHHA POOL GENERAL RULES.

Please check here if you would like to receive information about volunteer opportunities in Sleepy Hollow.