

Application for **“WEEKDAY”** Pass Membership

I.D. required for membership processing!

Name (Last, First, M.I)		Grade	SSN
			AGF#
Branch (Circle One)		Status (Check One)	
Army USAF Navy USMC	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Reserve		
USCG DOD Contractor			
Home Address:		Phone # _____	
		Email: _____	
Golfing Dependent on Membership:			
1 st _____ Add _____			
WEEKDAY PASS FEES FOR 2011-2012			
Rank	Sponsor	1st Fam Mbr	Add Fam Mbr
E1-E4	\$275.00	\$125.00	\$60.00
E5-E6 / GS1-3	\$340.00	\$160.00	\$80.00
E7-O3 / WO3 / GS4	\$500.00	\$240.00	\$125.00
O4 & up, WO4-WO5, GS7-9	\$700.00	\$340.00	\$170.00
GS10 & Up	\$875.00	\$415.00	\$200.00
Veterans	\$950.00	N/A	N/A
Distinguished Civilian	\$1100.00	N/A	N/A
Club Storage	\$60.00 # _____	Locker Rental: M--\$40.00 # _____	Handicap Fee: \$30.00
Elec. Pull cart Storage:	\$40.00 # _____	L--\$30.00 # _____	
Online T-Times:	\$10.00 _____	Hdcp Only: _____	
** CIRCLE ALL APPLICABLE ITEMS. IF MORE THEN ONE, INDICATE QUANTITY**			
Method of payment: Check payment method on the left and write the total amount.			
For Credit card Payment, Complete ** items also, if mailing in only.			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discovery <input type="checkbox"/> Esprit <input type="checkbox"/> Check <input type="checkbox"/> Cash	** Full name of Card Holder _____ ** Card # _____ **Exp Date: _____ ** Signature _____		
Total Amount: \$ _____			
Date Received / Clerk (Official use only)		Data Entry Date / Clerk (Official use only)	

