

**AFRH-W GOLF COURSE
ASSOCIATE MEMBERSHIP APPLICATION**

Date of Application _____

Request that I be granted golfing privileges at the Armed Forces Retirement Home – Washington. The privileges will be exercised by me and one other adult member of my immediate family residing in my household as listed below. All other family members are considered guests and will be billed accordingly. I further understand that this application, if approved, will be good until the end of the current fiscal year (September 30).

NAME (APPLICANT) _____

NAME (RELATIVE) _____

HOME/BILLING ADDRESS _____

TELEPHONE NUMBERS (HOME) _____ (OFFICE) _____ (CELL) _____

EMAIL ADDRESS _____

CHECK APPROPRIATE BOX: (Complete all applicable information)

MEMBER OF CONGRESS _____

MILITARY SERVICE: ACTIVE DUTY _____ BRANCH OF SERVICE _____

RETIRED _____ GRADE _____ YEARS _____

OTHER STATUS _____
(Civilian, etc)

I understand that membership at the Armed Forces Retirement Home Golf Course **requires** that I support the Home, and that I will be called upon to assist in ways including, but not limited to: Golf Course marshaling/starter duties, Spring and Fall Clean & Greens, Residents' recreational activities(golf tournaments, dances, cookouts).

DESCRIBE YOUR SUPPORT TO THE AFRH-W: _____

VEHICLE DATA: MAKE _____ YEAR _____
(Ford, Chevrolet, etc.)

MODEL _____ COLOR _____

LICENSE PLATE # _____ STATE _____

SIGNATURE _____

FOR OFFICIAL USE

Waiting List _____

Approved _____

Disapproved _____

CHIEF, RESIDENT SERVICES

MEMBERSHIP CARD # _____