

ANNUAL GREEN FEE APPLICATION

Facility Name: (Insert Name Here)



Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Unit/Organization: _____

Email (optional): _____

Status: Active Duty Retired Reserve Civilian Contractor

Branch of Service: _____ Current Rank: _____

Type of Membership: Single Family

Names of authorized family members:

1.	2.	3.
----	----	----

Disclaimer:

Choose Method of Payment: Annual Payment Monthly

Notes:

Signature: _____ Date: _____

Privacy Act Statement:

Course Use Only

Date & Initials:	Amount Paid:	Member#:
------------------	--------------	----------

ANNUAL GREEN FEE APPLICATION

Facility Name: (Insert Name Here)



Conditions of Application:

A large, empty rectangular box intended for the applicant to write the conditions of application.

Signature: _____ Date: _____