



Fort Belvoir Golf Club Membership Application 2023

CATEGORY	ANNUAL	SPOUSE
Category A: E1 - E5, Juniors	\$430	40% Discount
Category B: O1 - O10, Veterans, W1-W5, DoD Civilian E-6-E-9 (20% Discount)	\$1625 \$1300	40% Discount
Category C: Public	\$1980	40% Discount
Twilight Membership	\$600	40% Discount



SPONSOR

First Name _____ Last Name _____ M.I. _____

Address _____
Street Address City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Pay Grade _____

Service Branch: AR NA AF MC CG SF Active Retired Veteran DoD Public

Handicap Service \$40 (optional) _____ FB. Handicap Renewal New Handicap Transfer/GHIN# _____

Upgrade any package: Unlimited Cart Rental for \$1,700 Unlimited Range Balls for \$600 **Total fees paid** _____

SPOUSE OF SPONSOR

(Fee is 60% of the Sponsor Fee)

First Name _____ Last Name _____ M.I. _____

Address _____
Street Address City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Pay Grade _____

Service Branch: AR NA AF MC CG SF Active Retired Veteran DoD Public

Handicap Service \$40 (optional) _____ FB. Handicap Renewal New Handicap Transfer/GHIN# _____

Total fees paid _____

JUNIOR GOLFER MEMBER

(Must be under age 18 years through October 31, 2023)

First Name _____ Last Name _____ M.I. _____

Address _____
Street Address City State Zip

Home Phone _____ Cell Phone _____ Email _____

Birth Date ____/____/____ Handicap Service (No charge) _____ **Total fees paid** _____
Month Day Year

8450 Beulah St, Bldg. 2920
Fort Belvoir, VA 22060

belvoir.armymwr.com

(703)806-5878

/fortbelvoirMWR

Please return this application, in person to the Fort Belvoir Golf Club for processing. All information must be filled out completely. If renewing, please bring your identification card and membership card. Annual fees may be paid for by cash, check or credit card. Make checks payable to *MWR Golf*. Accepted credit cards include Visa, MasterCard, Discover, and American Express.

This annual green fees payment is **non-refundable**. Exceptions include P.C.S., moving out of town or change in physical status prohibiting the play of golf in which a physician's letter will be needed. The optional service charge for handicap is **non-refundable**.

I have read this application and understand the content. The information submitted above is accurate; I will notify the Fort Belvoir Golf Club of any changes in status, address and/or telephone number. Annual green fees do not include tournaments or outside events. I understand the dissatisfaction with course accessibility, condition or to any service rendered does not constitute a refund.

By signing, I agree to abide by the course rules and the Fort Belvoir regulations governing the Golf Club

Signature of Applicant: _____

Date: _____

PRIVACY ACT STATEMENT

1. Authority: Power of Secretary of the Army to Issue Regulation, **Authority: 5 U.S.C. 552a(e)(1)**
2. Principle Purpose: Form must be filled out by individuals applying for annual green fees at the Fort Belvoir Golf Club for the purpose of providing the club with information necessary to complete processing.
3. Routine Uses: This form is filled out by individuals applying for annual green fees at the Fort Belvoir Golf Club. Necessary for mission function.
4. Mandatory or voluntary disclosure and effect on individual not providing information: Mandatory. Without the completion of this form, processing of application may not be done.

Sponsored by: _____

Date: _____

Maintain in its records only such information about an individual as is relevant and necessary to accomplish a purpose of the agency required to be accomplished by statute or by executive order of the President.