



DEFENSE LOGISTICS AGENCY
 DEFENSE SUPPLY CENTER, COLUMBUS
 POST OFFICE BOX 3990
 COLUMBUS, OH 43216-5000



Membership Application

Eagle Eye Golf Course

Phone: 692-2075

Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

2009 Membership Dues

DoD Civilian, Military Personnel, Federal, State, County, and City Government Employees, Honorable Discharged Veteran		
	Jan 1-Dec 31	July 1-Dec31
Single Membership	\$600 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Family Membership	\$700 <input type="checkbox"/>	\$500 <input type="checkbox"/>

Note: All memberships expire December 31st.

Membership Category:

Federal Employee State Employee County Employee
 City Employee Honorably Discharged Veteran

Please include names of spouse and dependents if a family membership.

Information contained in this application is for administration of Golf Membership. According to Army Regulation (AR 215), resignations must be submitted in writing to the Golf Manager. Family memberships include immediate family members who are dependents for federal tax purposes. All payments will be made in full and collected at the time of acceptance. Refunds will only be given to persons with medical liabilities and only half of the dues paid may be refunded for any person. A written document signed by your doctor must accompany this request. All requests will be determined case by case.

Applicant's Signature: _____

Date: _____