

FORT LEAVENWORTH ROD & GUN CLUB MEMBERSHIP APPLICATION

NAME (Last, First, MI): _____

EMAIL (do not use .mil address): _____

TELEPHONE (Mobile) _____

R&GC Membership Year / Dues / Rates (Circle applicable member type, fee, and payment method)

<u>Period</u>	<u>Mil/Ret/DoD/CTR</u>	<u>Civilian</u>	<u>Member Dependent</u>
1 Aug – 31 July	\$35	\$60	\$15
1 Feb – 31 July	\$18	\$30	\$8
1 Jun – 31 July	\$6	\$10	\$3



CASH / CHECK / CREDIT CARD _____ Place of Purchase _____

Credit Card info> CC# _____ Exp _____ CVC/CVV _____

1. If requested, I have been furnished a copy of local rules and policies governing the use of club facilities and agree to abide by those rules. I agree that the rules also apply to my family members and authorized guests. I assume responsibility for myself, my family members, and guests.
2. I agree and consent to collection from my pay for all debts incurred from participation in the club, kennels, and club sponsored activities that I do not pay within 60 days of due date.
3. Use of personal data above will be restricted to the Fort Leavenworth Rod & Gun Club for use in contacting members and providing general membership demographics.

SIGNATURE: _____ **DATE:** _____

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