



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON
PICATINNY ARSENAL, NEW JERSEY 07806-5000

PICATINNY GOLF CLUB MEMBERSHIP APPLICATION

ALL MEMBERS/GUESTS ARE REQUIRED TO SUBMIT ID INFORMATION THROUGH NCIC*

Membership Type: (Check one) Family Membership _____ Single Membership _____

Name: _____

Address:
Street: _____

City: _____ State: _____ Zip Code: _____

Telephone # (Home/Cell) _____

Email Address: _____

Family Member 1: _____

Family Member 2: _____

Family Member 3: _____

Family Member 4: _____

Membership Category: (Check one)

Active Duty: _____ (Rank: _____) Retired Military: _____ (Retired Rank: _____)

Active/Retired DOD Civilian: _____ Contractor: _____ Veteran: _____

General Public/Commander Approved: _____

Membership Terms:

All Annual Fee Members can opt to pay for their annual membership fees in full with one advanced payment to the Picatinny Golf Club or be automatically billed monthly.

By signing this application you agree to pay the full annual fee even if terminating service before the conclusion of your yearly membership term.

Signature: _____ Date: _____

*Notification and Authorization to Release Criminal Information for Entry onto Picatinny

Management Use Only Received By: _____ Date: _____
