



**FORT BELVOIR OFFICERS' CLUB**  
MEMBERSHIP APPLICATION FORM



**RANK:** \_\_\_\_\_ **SSN:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First M. I.

**SPOUSE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

The Fort Belvoir Officers' Club is authorized to charge annual membership fee as indicated on the dues structure in the amount of \$ \_\_\_\_\_ by below payment method.

I understand membership is continuous otherwise terminated by member and will be charged accordingly.

I may elect to pay monthly dues after first year Membership is fulfilled upon request.

Should I elect to cancel membership within one year, I shall be assessed first year dues under this agreement.

**Please choose payment method:**

\_\_\_\_ Visa \_\_\_\_ Master Card \_\_\_\_ American Express \_\_\_\_ Cash \_\_\_\_ Check

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_

I acknowledge that all information provided on the membership application is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For membership cancellation, please return membership card(s) with letter of cancellation for processing to Fort Belvoir Officers' Club, Attn: Membership Services, P.O. Box 418, Fort Belvoir, VA 22060-5903. For further inquiry, please call us at (703) 780-0930, ext 600.