



# 88th Force Support Squadron Wright-Patt Country Club Agreement

## Primary Member

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First Name

Middle

Last

## Spouse

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First Name

Middle

Last

## Address

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Street

City

State

Zip Code

Applicant cell phone:	
Spouse cell phone:	
Primary e-mail address:	
Spouse e-mail address:	

Primary Birth Month:	Spouse Birth Month:
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## Select Membership Package

\_\_\_\_\_ Dorm Membership

\_\_\_\_\_ Gold Membership

\_\_\_\_\_ Silver Membership

\_\_\_\_\_ Platinum Membership

## Dependent Members

(Please list only dependents you can claim on your taxes.)

First Name	Middle	Last	Birth Month

