

**AESOP ROBINSON GOLF ASSOCIATION
FORT GEORGE G. MEADE, MARYLAND 20755**

MEMBERSHIP APPLICATION

Name: _____
Spouse's Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Primary Email: _____
Secondary Email: _____

Your Birthday: **Month:** _____ **Day:** _____ **Year:** _____
Spouse's Birthday: **Month:** _____ **Day:** _____ **Year:** _____
Wedding Anniversary: **Month:** _____ **Day:** _____ **Year:** _____

Status: Please Check One

Active Duty: []
Retired: []
Reserves: []
Civilian: []

Current Golf Handicap:

[]

Uniform Sizes:

Pants: _____
Shirt: _____
Jacket: _____
Sweater: _____
Cap: _____

Please provide a brief description of your profession: _____

Have you won any golf tournaments? _____

Other comments: _____

