**ACT Golf Association Membership Application**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

Personal Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Member \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_ NO Membership Category (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Command/Billet Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End of Tour/Contract Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Golf Club at which last active: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCP Index: \_\_\_\_\_\_\_\_\_\_\_\_\_ No HCP: \_\_\_\_\_\_\_

**The ACT Golf Association is also open to Spouses and Dependent children. Please enter below all members of your household who are seeking membership.**

Spouse/Partner/Dependent Child who also wants to apply for membership:

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

 Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HCP Index: \_\_\_\_\_\_\_\_\_\_\_\_\_ No HCP: \_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HCP Index: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No HCP: \_\_\_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you or your spouse/partner be open to being a Committee Member? YES/NO

AGA membership dues are for the period 1 Oct through to 30 Sep the following year. Currently membership dues are $55 per year ($13.75 per quarter) which includes a $28 VSGA Membership fee.

Yes/No Returning Member -GHIN[[1]](#footnote-1)#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes/No New Member - GHIN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGA is organized as a Recreational Golfer’s Club with the Virginia State Golf Association (VSGA) and as such the AGA has to register all members with the VSGA whether you are a pre existing member or not. Your membership with the AGA entitles you to receive the VSGA’s information and membership benefits. For more information about VSGA’s benefits and services, please consult the VSGA website at [www.vsga.org](http://www.vsga.org)

Comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that membership in the AGA requires compliance with the USGA Handicap System, the Rules of Golf, and the Rules of Amateur Status. Additionally, any golf-related conduct which results in adverse reflection on the Club/Association, including cheating or destructive course activities may result in revoking my membership.

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

Method of Payment \_\_\_\_\_\_\_\_\_ Check/Cheque (checks payable to ACT Golf Association) \_\_\_\_\_\_ Cash

Total Payment Enclosed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please deliver this form to**:

Nicholas Garland. ACT Golf Association Membership Secretary and Treasurer (ACT BUDFIN)

1725 Whiteside Lane

Virginia Beach, VA, 23454

nicholas.garland@act.nato.int

757 747 3630

1. GHIN - Golf Handicap and Information Network [↑](#footnote-ref-1)