

SERVICES DIVISION
Prairie Ridge GC EAFB, SD 57706

L.Name _____ F. Name _____ MI _____ SSN _____

Address _____ City _____ State _____ Zip _____

Grade _____ Act/Ret _____

D.Phone _____ H.Phone _____

Email Address _____

Dep Name _____

Dep Name _____

Dep Name _____

| Annual Fee Structure | CASH | | | MONTHLY BILLING | | |
|----------------------|----------|----------------------|-----------|-----------------|----------------------|-----------|
| | Sponsor | 1 st Dep. | Addt. Dep | Sponsor | 1 st Dep. | Addt. Dep |
| E1-E4 | \$280.00 | \$140.00 | \$70.00 | \$27.00 | \$13.50 | \$6.75 |
| E5-Up | \$375.00 | \$187.50 | \$98.75 | \$38.00 | \$19.00 | \$9.50 |
| Associates | \$425.00 | \$212.50 | \$106.25 | \$40.00 | \$20.00 | \$10.00 |
| | | | | | | |
| | | | | | | |

I _____ authorize the Services Division to charge my credit card number for services/fees not to exceed _____ months until my obligation of _____ is fulfilled.

I understand that I may terminate my obligation at the Prairie Ridge Golf Club in the event of PCS orders, Retirement (leaving area), medical reasons (verified by doctor). I will be refunded the prorated months remaining on the annual fee obligation. Further, I agree that upon failure to pay a dishonored check or upon termination of my membership, the Chief, Services Division, is authorized to collect any outstanding account owed the activity, and I consent to deduction from my military or civilian pay to settle overdue accounts in accordance with **DoD Military Pay and Allowance Entitlement Manual, Chapter 23 Table 7-7-5, Rules 4, 5, or 6 and AFI 34-212, para 9.10.**

Signature _____ Date _____ Clerk _____

PRIVACY ACT STATEMENT

1. **Authority:** 10 USC 8012 (Secretary of Air Force Powers and Duties)
2. **Principal Purpose:** Collect data necessary for administration of membership association or annual fees.
3. **Routine uses:** To aid in collection of data essential to bill patrons for recurring use fees or service charges, and in recourse collection of accounts returned to Services Division.
4. **Whether disclosure is Mandatory or Voluntary and Effect on Individual of Failure to Disclose Information:** Disclosure is voluntary; however, failure to do so is cause for refusal of charge system privileges, and all fees and services would be payable in advance.

Official Use Only

Sponsor: Card# _____ Mem# _____

1st Dep: Card# _____ Mem# _____

2nd Dep: Card# _____ Mem# _____

3rd Dep: Card# _____ Mem# _____

Monthly Billing - Amount Billed \$ _____ PIF - Amount Paid \$ _____

CC# _____ Exp. Date _____