



AMERICAN RECREATION ASSOCIATION

TEMPORARY MEMBERSHIP APPLICATION

CLUB #

EXP

USG Agency

Type of Membership: Single (please complete all but section II) Family (please complete all sections)

I. APPLICANT'S PERSONAL INFORMATION

NAME: _____ SSN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LOCAL ADDRESS: _____

LOCAL PHONE NOS: (HOME) _____ (WORK) _____ EMAIL: _____

II. FAMILY MEMBERSHIP INFORMATION

NAME OF SPOUSE: _____ NATIONALITY: _____ DOB _____

PLEASE LIST NAMES AND BIRTHDATES OF ALL CHILDREN WHO WILL BE USING THIS MEMBERSHIP:

1. _____ DOB _____ 2. _____ DOB _____

3. _____ DOB _____ 4. _____ DOB _____

III. APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER: (AGENCY) _____ (PROJECT/SECTION) _____

PLANNED TOUR OF DUTY IN DHAKA: _____

APPLICANT DETAILS :(Contact Info.) _____

IV. SPONSORSHIP INFORMATION SPONSORSHIP LETTER ATTACHED

V. FORWARDING ADDRESS INFORMATION

STATESIDE/HOME COUNTRY ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

VI. RSO USE ONLY

APPROVED FOR ARA MEMBERSHIP FURTHER INFORMATION REQUIRED NOT APPROVED

DATE: _____ RSO: _____

INCLUDE WITH THIS APPLICATION 1 PHOTOCOPIES EACH OF THE PICTURE PAGES OF EACH APPLICANT'S PASSPORT AND 3 STAMP-SIZED PHOTOS (WITH NAMES ON THE REVERSE) FOR EACH APPLICANT. MEMBERSHIP IS ASSIGNED ACCORDING TO THE BYLAWS OF THE AMERICAN RECREATION ASSOCIATION (ARA).

- ALL MEMBERS WILL BE GIVEN A SET OF RULES, PLEASE READ THEM!
- ALL SERVICE CHARGES, DEPOSITS AND BILLS MUST BE PAID IN US DOLLAR (\$) INCREMENTS OR WITH PERSONAL CHECKS DRAWN ON A US BANK. ALL PAYMENTS MUST BE MADE IN THE ARA OFFICES.
- PLEASE ALLOW AT LEAST 2 DAYS TO CLOSE YOUR ACCOUNT.

THE UNDERSIGNED AND ALL FAMILY MEMBERS COVERED BY THIS APPLICATION EXPRESSLY AGREE TO ABIDE BY THE RULES OF THE CLUB AND, IN ADDITON, TO INDEMNIFY AND SAVE HARMLESS THE AMERICAN RECREATION ASSOCIATION (ARA) FROM AND AGAINST ANY AND ALL CLAIMS, LOSS, DAMAGE, INJURY AND LIABILITY, HOWEVER CAUSED, RESULTING FROM OR IN ANY WAY CONNECTED WITH THEIR MEMBERSHIP IN SAID

SIGNATURE OF APPLICANT: _____ DATE _____

CLUB USE ONLY

AMOUNT OF DEPOSIT: _____ MEMBERSHIP: NOT MORE THAN 03 MONTHS

MONTHLY USER FEES:..... JOINING DATE:..... EXPIRATION DATE:.....