

## Member Function Questionnaire

To comply with Internal Revenue Service guidelines, the following information must be obtained for all functions of more than eight persons. For questions, contact Kevin Reilly at (703) 537-7605 or Ed Yoder at (540) 801-1231.

Host Member's Name	Account Number	Date of Function
Total Number in Group	Total Charges \$	
Number of Nonmembers in Group	Nonmember Charges \$	
THE FOLLOWING QUESTIONS MUST BE ANS	WERED BY THE HOST MEMBER	YES NO
1. I have paid for the services and will not be reimbursed.		
<b>If yes, please sign and return this form</b> If no, please continue.	ı.	
2. I will be reimbursed by nonmembers, other t	han my employer, or they will pay the o	club directly.
a. If yes, indicate the amount paid by r	onmembers \$	
b. If this is a <u>gratuitous</u> payment for yo	ur benefit, indicate donor's name and	your relationship to the donor.
Donor's Name & Relationship		
Reason Why Gratuitous		
3. I will be reimbursed by my employer, or he/s	he will pay the club directly.	
If yes, complete the following:		
a. Employer's Name & Address		
b. Indicate the amount of the payment	attributable to nonmember use \$	. <u></u>
individuals, please indicate such class	involved and they are readily identifiak and the business or other relationship t ther relationships to the member on th	o the member or indicate each
Class of Individuals		
Relationship to Member		
d. Were your business, personal, or so	cial purposes served by this nonmembe	er use?
Member's position in company		
Purpose served		
Signature of Member	Date	