



# EQUIPMENT MANAGER MEMBERSHIP APPLICATION

1421 Research Park Drive • Lawrence, KS 66049-3859 • 785-841-2240 • 800-472-7878 • Fax: 785-832-3643

Join now and receive complimentary membership for 2015.

In addition, you will receive complimentary registration for the Golf Industry Show of your choice.

Past members who have used this benefit are not eligible.

**I. NAME OF APPLICANT**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last/Surname \_\_\_\_\_

**2. ADDRESS INFORMATION**

Preferred mailing address:  Home  Business

**Home Mailing Address:**

Street \_\_\_\_\_ P.O. Box \_\_\_\_\_

City, Province/ \_\_\_\_\_ State, Zip/ \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

U.S. Citizen  YES  NO  Lawful Permanent Resident

PUBLISH E-mail address in the GCSAA Membership Directory?  YES  NO

**Job Title:** \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City, Province/ \_\_\_\_\_

State, Zip/ \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check if you would like to receive GCSAA's *Golf Course Management* magazine.

**3. INSURANCE**

As a benefit of your membership, all members (excluding students, affiliate companies, technical assistance network and non-U.S. citizens) are automatically enrolled in the dues term life insurance program. If a beneficiary is not named, state law will govern distribution of funds.

Name of Beneficiary: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

*Please print first and last name (e.g., "Mary Smith," not "Mrs. J. Smith" or "Mrs. John Smith").*

**4. SIGNATURE**

I hereby submit my application for membership in the Golf Course Superintendents Association of America. I have read and agree to abide by the GCSAA Code of Ethics (visit [www.gcsaa.org/About-GCSAA/Governance/Member-Code-of-Ethics.aspx](http://www.gcsaa.org/About-GCSAA/Governance/Member-Code-of-Ethics.aspx)).

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

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

MBR