GCSAA
GOLF COURSE SUPERINTENDENTS ASSOCIATION OF AMERICA

RECLASSIFICATION FORM

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

1. INFORMATION

Reclassification of Members:
(a) Voluntary Reclassification: Any individual member may request a change in his/her membership classification in accordance with a change in his/her qualifications for membership.

(b) Mandatory Reclassification: All members, upon renewal of their annual membership, must clearly state their current employment status. This statement of employment status will be based upon the Association's official job titles. Some classifications are time limited. GCSAA will do a mandatory reclassification when that time has passed unless other arrangements have been made.

No retroactive status will be given for change in classification greater than 45 days from the date of the requested change.

If you believe you qualify for Class A, please use the Class A Eligibility Worksheet. If you are unsure about your classification, please visit gcsaa.org for the list of GCSAA's membership classifications.

2. NAME & MEMBERSHIP NUMBER

Ms. ☐ Mr. ☐ _____ _____
First Middle Last/Surname Membership Number

U.S. Citizen YES ☐ NO ☐ Lawful Permanent Resident ☐ Date of Birth: _____

3. RECLASSIFICATION REQUEST

I hereby make official application to change my present GCSAA membership classification from Class _____ to Class _____ .

Start date of current employment (mm/dd/yyyy): _____ New Title: _____
Please refer to the Bylaws and Standing Rules of Membership before applying for Reclassification. Both are available in the directory, by calling the GCSAA Service Center or online at www.gcsaa.org.

Reclassification of membership may result in an increase of membership dues. Please refer to Section Six below in order to include correct payment. **Payment must be received at the time of reclassification. Reclassification will not be processed until payment is made.** Include payment with this form so there are no delays. If you are changing classifications during your membership cycle instead of at the annual renewal time, you may only owe a proportional amount of the difference in dues. Please call the GCSAA Service Center for the exact amount which is due.

4. ADDRESS INFORMATION

New Home Mailing Address (if moved):

Preferred mailing address: ☐ **Home** ☐ **Business**

Street _____

P.O. Box _____

City, State, Zip _____

Country _____

Phone, Fax _____

NEW Golf Course Information (provide ONLY if you have changed courses):

Golf Course Name _____

Street _____

P.O. Box _____

City, State, Zip _____

Country _____

Phone, Fax _____

NEW Employer Information (provide ONLY if different from Golf Course):

Employer Name _____

Street _____

P.O. Box _____

City, State, Zip _____

Country _____

Phone, Fax _____

Current E-mail Information:

_____

Preferred E-mail address (to be used for all GCSAA correspondence and in the GCSAA Membership Directory).

PUBLISH E-mail address? ☐ YES ☐ NO

5. LEVEL OF EDUCATION

Highest Level of Education Completed:

- ☐ Bachelor's Degree Turf/or Plant Science
- ☐ Other Bachelor's Degree plus Associate's Degree in Turf/or Plant Science or 2-Year Turf Certificate from 4-Year institution (i.e. Michigan State, Penn State)
- ☐ Other Bachelor's Degree
- ☐ Associate's Turf/or Plant Science Degree or 2-Year Turf Certificate from a 4-Year institution (i.e. Michigan State, Penn State)
- ☐ Turf Certificate/Short Course (400 hr. minimum)
- ☐ Other Associate's Degree
- ☐ No Degree or Recognized Certificate

6. GCSAA MEMBERSHIP CLASSIFICATION AND CORRESPONDING ANNUAL DUES AMOUNTS

Superintendent Member (SM): $365
Assistant Superintendent (C): $185
Associate (AS): $90
International Superintendent Member (ISM): $185
Affiliate (AF): $365
Affiliate Company (AFC): $365
AA Life (AA): $0
A Retired (ART): $70
Superintendent Member – Retired (SMRT): $70
Assistant Superintendent – Retired (CRT): $70
Student (S): $65
Student Web-Only (SW): $30
Educator (E): $65
Inactive (I): $30

Please complete Sections 7, 8 & 9 on the back, sign the form and provide payment if applicable

7. EMPLOYMENT HISTORY (THIS SECTION IS REQUIRED)

Position held: (Past positions held in the golf course management industry prior to current employment.)

From (mo/day/yr)	To (mo/day/yr)	Title	Place of Employment, City & State

8. CHAPTER REQUIREMENTS

If this form is for Reclassification to Superintendent Member status, completion of this section is required. If not provided, reclassification will be delayed.

Are you a member of a GCSAA Affiliated Chapter? ☐ YES ☐ NO Name of Chapter _____

MEMBERSHIP REQUIREMENT NOTICE: Individuals applying for Class A or Superintendent Member Membership after July 1, 1997 must also be a member of an Affiliate Chapter. Additionally, any member who joins after July 1, 1997 and reclassifies his/her membership to Class A or Superintendent Member status must also be a member of an Affiliated Chapter.

Your vote will automatically be assigned to your Chapter, unless marked individual. ☐ **Individual**

9. 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. This benefit is at no cost to you, as GCSAA pays for this benefit. It is important to have a beneficiary designated and on file with GCSAA. If a beneficiary is not named, state law will govern the distribution of funds.

Beneficiary Information

Name of beneficiary: _____

(please print the first and last names e.g., "Mary Smith" not "Mrs. J. Smith" or "Mrs. John Smith")

Relationship to member: _____

10. SIGNATURE

DATE _____ SIGNATURE _____

Note: The date listed above will be used by GCSAA when processing your change in classification, provided all information is included and the requirements for reclassification have been met. If not complete, your date of change in classification will correspond with the date in which GCSAA receives everything required. **It is very important that all sections are complete.**

11. METHOD OF PAYMENT (U.S. dollars drawn on U.S. bank)

I hereby submit my application for reclassification of membership in the Golf Course Superintendents Association of America and attach my dues for one year in advance. It is estimated that 6% of my membership dues will be used for advocating positions on government issues, as well as for payment of term life insurance dues for all members, excluding student, affiliate company, technical assistance network and non-U.S. citizens, and that a portion is therefore not tax deductible as a business expense.

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).

A. ☐ Visa ☐ Mastercard ☐ American Express

Card No. __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Exp. Date: __ __/20 __ __
M M Y Y

Card Holder Name (Please Print) _____

☐ Signature _____

B. Check Enclosed (U.S. dollars drawn on U.S. Bank only)

Remit to: GCSAA
1421 Research Park Drive
Lawrence, KS 66049