

LOCAL CHAPTER INFORMATION

Two currently certified Golf Course Superintendents, appointed by your local chapter, will conduct an evaluation of your golf course. Please list the chapter(s) of which you are currently a member so that we may request attestors. If you are not a member of a local chapter, please indicate by checking the box below.

Name of local chapter(s) _____

☐ I am not currently a member of a local chapter.

PAYMENT INFORMATION

Please check the following:

I hereby attest that all submitted information is correct; further, I authorize GCSAA to make any inquiries deemed necessary to ascertain my eligibility for certification, including verification of my employment.

I understand the application fee of \$310 US for GCSAA member, or \$930 for non-member, must accompany this application and that all fees are nonrefundable.

I understand the processing of this application may take up to four weeks.

I have attached a statement from my employer verifying my position and date of employment.

Date of application _____ Print Name _____

Signature _____

Make check payable to GCSAA

– OR –

☐ Visa ☐ Mastercard ☐ American Express Card No. _____ - _____ - _____ - _____ Exp. Date _____ / _____

Mailing Address:

GCSAA Certification Program
1421 Research Park Drive
Lawrence, KS 66049-3859

NOTICE: Upon any rejection of an application, the rejected applicant may within thirty (30) days of the notice of rejection make a formal written appeal to the GCSAA Certification Committee through GCSAA Headquarters, 1421 Research Park Dr., Lawrence, KS 66049. In all cases, the final appeals level will be the GCSAA Board of Directors.

BELOW FOR GCSAA OFFICE USE ONLY

Application & Fee Received: Date _____ / _____ / _____ Amount \$ _____ Check # _____

CODE # _____

_____ + _____ + _____ = _____
Education Point Value Years of Experience Education Points TOTAL POINTS

☐ Principles of Golf Course Leadership and Communications Certificate

– OR –

☐ Written Article ☐ Volunteer Service ☐ Presentation Given ☐ BMP Completion

APPOINTED ATTESTORS:

Name: _____ GCSAA Member Number: _____
Last First Middle (or initial)

Name: _____ GCSAA Member Number: _____
Last First Middle (or initial)

GCSAA APPROVED: _____
Date Certification Manager

GCSAA REJECTED: _____
Date Certification Manager

Comments: