

Marketing Your CGCS Credential

| Your Name | | Member # |
|---|---|----------------------------------|
| | | |
| Your Club Name/Organization | | |
| Send Letter To: | | |
| Name | | |
| Title | | |
| Club Name/Organization | | |
| Address | ome Address | |
| City | State | Zip |
| Please Send the Follo Multiple letters may be sent, please pa | wing Customized Letter: | |
| ☐ Letter #1: Earned of Promote your new | | employers/owners/board members |
| | Certification Renewal val of your CGCS designation to | o employers/owners/board members |

Mail or Fax Completed Form To: GCSAA Certification Program 1421 Research Park Drive, Lawrence, KS 66049 Fax: 785-832-4449