

## **MEMBERSHIP APPLICATION**

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All members receive one complimentary GCSAA Conference and Trade Show registration. This benefit may be used for the GCSAA Conference and Trade Show of your choice. Past members who have used this benefit are not eligible.

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	<u> </u>		Last Carriant
ADDRESS INFORMATION Preferred m	ailing address:	iness	
ime Address		Job Title	
y, Province/State, Zip/Postal Code	Country	Business Name	
one		Business Address	
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· —	or Pacific Islander Black or African American	Hispanic or Latino White	☐ Multiracial ☐ Other ☐ Prefer not to answer
olish E-mail address in the GCSAA Membership Directory?	YES NO	Please check if you would like to receive GC	SAA's Golf Course Management magazine.
ease check the appropriate box below.  Superintendent (B): \$465	ANNUAL DUES  International Superintendent  Affiliate Individual (AF): \$465		☐ Educator (E): \$70 ☐ Associate (AS): \$110
ease check the appropriate box below.  Superintendent (B): \$465  Assistant Superintendent (C): \$240  Equipment Manager (EM): \$115	☐ International Superintendent	j	
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7. LEVEL OF EDUCATION					
Highest Level of Education Completed*:					
□ Bachelor's Degree Turf/or Plant Sc □ Other Bachelor's Degree plus Assoc Plant Science or 2-Year Turf Certifi (i.e. Michigan State, Penn State) □ Other Bachelor's Degree □ Associate's Turf/or Plant Science D Certificate from a 4-Year institutior (i.e. Michigan State, Penn State)	ciate's Degree in Turf/or cate from 4-Year institution regree or 2-Year Turf			Turf Certificate/Short Course (400 contact minimum, 1 credit hr. = 15 contact hrs.) Other Associate's Degree No Degree or Recognized Certificate  Note: In order to verify your level of formal purpose of attaining Class A/CGCS status, official copy of your transcript from the ins learning from which you attained your deg to GCSAA at the address listed above.	education for the please request that an stitution of higher
8. EMPLOYMENT HISTORY (THIS SECTI	ON IS REQUIRED)				
Position held: (Past positions held in the From (mo/day/yr) To	e golf course management ind (mo/day/yr)	dustry prior to current e	employment	.) Place of Employment, City & State	
9. METHOD OF PAYMENT					
☐ Visa ☐ MasterCard ☐ Americ			Cianatura:	Exp. Date/2	
Check Enclosed (U.S. dollars drawn or				esearch Park Drive • Lawrence, KS 6604	
10. SIGNATURE					
I hereby submit my application for membersl as a charitable contribution for federal incomused for advocating positions on government	e tax purposes, but may be d	eductible as an ordinar	v and neces	ssary business expense. It is estimated that	6% of my membership dues will be
used for advocating positions on government facility, friend and any non-U.S. citizens. This the GCSAA Code of Ethics (visit www.gcsaa.d	s estimated portion of the me	mbership dues paymen	nt is therefor		
Signature:				Date:	