

MEMBER-GET-A-MEMBER APPLICATION

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

*REFERRING MEMBER WILL RECEIVE A \$50 GCSAA GIFT CERTIFICATE FOR EACH NEW MEMBER FOR USE IN THE GCSAA STORE, GCSAA CONFERENCE AND TRADE SHOW REGISTRATION AND DUES

1. NAME OF APPLICANT		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<div style="display: flex; justify-content: space-between; font-size: small;"> Prefix First Middle Last/Surname </div>			
2. ADDRESS INFORMATION		Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Home Address		Job Title	
City, Province/State, Zip/Postal Code		Country	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile		Business Name	
E-mail		Business Address	
Date of Birth		City, Province/State, Zip/Postal Code	
U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Lawful Permanent Resident		Country	
Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American		Phone	
Publish E-mail address in the GCSAA Membership Directory? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Please check if you would like to receive GCSAA's <i>Golf Course Management</i> magazine.			
3. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES			
Please check the appropriate box below.			
<input type="checkbox"/> Superintendent (B): \$530 <input type="checkbox"/> International Superintendent Member (ISM): \$275 <input type="checkbox"/> Educator (E): \$70 <input type="checkbox"/> Assistant Superintendent (C): \$275 <input type="checkbox"/> Affiliate Individual (AF): \$530 <input type="checkbox"/> Associate (AS): \$110 <input type="checkbox"/> Equipment Manager (EM): \$150 <input type="checkbox"/> Affiliate Company (AFC): \$530 <input type="checkbox"/> Facility Membership: \$200			
4. CHAPTER MEMBERSHIP REQUIREMENT			
Required for Superintendent (B) membership			
To apply for superintendent membership, you must also belong to a GCSAA affiliated chapter. Please provide the name of the chapter to which you belong:			
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			
Your vote will automatically be assigned to your chapter, unless marked individual. <input type="checkbox"/> Individual			
If you do not currently belong to a chapter, please submit your application and visit www.gcsaa.org for a complete list of chapters. A chapter representative can give you an affidavit of your intent to join to complete your application.			
5. ISM MEMBERSHIP REQUIREMENT			
Required for International Superintendent Member (ISM)			
All applicants for International Superintendent Member are required to be a member of the nations/country superintendent/greenkeeper organization.			
Name of Nation/Country Organization: _____ Member Number: _____			
6. INSURANCE			
As a benefit of your membership, all eligible members (age 64 and younger) excluding student, affiliate company, facility, friend and any 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: _____			
<i>Please print first and last name (e.g., "Mary Smith," not "Mrs. J. Smith" or "Mrs. John Smith").</i>			
7. METHOD OF PAYMENT			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card No. _____ Exp. Date ____/____/20____			
Card Holder (Please print): _____ Signature: _____			
<input type="checkbox"/> Check Enclosed (U.S. dollars drawn on U.S. bank only) Remit to: GCSAA • 1421 Research Park Drive • Lawrence, KS 66049			
8. REFERRING MEMBER			
Signature: _____ Name Printed: _____ Date: _____ Member Number: _____			
9. SIGNATURE			
I hereby submit my application for membership in the Golf Course Superintendents Association of America and payment of my dues for one year in advance. GCSAA dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as an ordinary and necessary business expense. 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 eligible members (age 64 and younger) excluding student, affiliate company, facility, friend and any non-U.S. citizens. This estimated portion of the membership dues payment 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).			
Signature: _____ Date: _____			