

# RECLASSIFICATION FORM

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

## I. INFORMATION

### Reclassification of Members:

**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.

**No retroactive status will be given for change in classification greater than 1 year 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](http://gcsaa.org) for the list of GCSAA's membership classifications.

## 2. NAME & MEMBERSHIP NUMBER

Gender: ☐ Male ☐ Female

Prefix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last/Surname \_\_\_\_\_ Membership Number \_\_\_\_\_

U.S. Citizen ☐ YES ☐ NO ☐ Lawful Permanent Resident

Date of Birth \_\_\_\_\_

Ethnicity ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black or African American ☐ Hispanic or Latino ☐ White ☐ Multiracial ☐ Other ☐ Prefer not to answer

Publish E-mail address in the GCSAA Membership Directory? ☐ YES ☐ NO ☐ Please check if you would like to receive GCSAA's *Golf Course Management* magazine.

## 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. These are available online at [www.gcsaa.org/about-gcsaa/governance](http://www.gcsaa.org/about-gcsaa/governance).

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 GCSAA for the exact amount which is due.

## 4. ADDRESS INFORMATION

### Preferred Mailing Address:

☐ Home ☐ Business

### New Home Mailing Address:

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

☐ Home ☐ Mobile

### NEW Business Address:

Business Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

☐ Home ☐ Mobile

### 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 contact hrs. minimum, 1 credit hr. = 15 contact hrs.)
- ☐ Other Associate's Degree
- ☐ No Degree or Recognized Certificate

## 6. GCSAA MEMBERSHIP CLASSIFICATION AND CORRESPONDING ANNUAL DUES AMOUNTS

- ☐ Superintendent (B): \$530
- ☐ Assistant Superintendent (C): \$275
- ☐ Associate (AS): \$110
- ☐ International Superintendent Member (ISM): \$275
- ☐ Affiliate (AF): \$530
- ☐ Affiliate Company (AFC): \$530
- ☐ AA Life (AA): \$0
- ☐ A Retired (ART): \$75
- ☐ Class B – Retired (BRT): \$75
- ☐ Assistant Superintendent – Retired (CRT): \$75
- ☐ Student (S): Free
- ☐ Student Web-Only (SW): Free
- ☐ Educator (E): \$70
- ☐ Inactive (I): \$30
- ☐ Equipment Manager (EM): \$150
- ☐ Facility Membership: \$200

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 &amp; State


**8. CHAPTER REQUIREMENTS**

If this form is for Reclassification to Class B 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 \_\_\_\_\_

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

**9. 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.

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

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](http://www.gcsaa.org/about-gcsaa/governance/member-code-of-ethics)).

☐ Visa ☐ Mastercard ☐ American Express

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
M M Y Y

Card Holder Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

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

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

**11. 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.**