



# REINSTATEMENT FORM

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

## Important

*No application will be considered without dues enclosed or valid credit card information.*

### 1. NAME OF APPLICANT

Gender: ☐ Male ☐ Female

Prefix First Middle Last/Surname

### 2. ADDRESS INFORMATION

Preferred mailing address: ☐ Home ☐ Business

Home Address

City, Province/State, Zip/Postal Code

Country

Phone ☐ Home ☐ Mobile

E-mail

Date of Birth

Job Title

Business Name

Business Address

City, Province/State, Zip/Postal Code

Country

Phone

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

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. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES

Please check the appropriate box below.

☐ Class A (A): \$530

☐ Superintendent (B): \$530

☐ Assistant Superintendent (C): \$275

☐ Equipment Manager (EM): \$150

☐ International Superintendent Member (ISM): \$275

☐ Affiliate Individual (AF): \$530

☐ Affiliate Company (AFC): \$530

☐ Associate (AS): \$110

☐ Educator (E): \$70

☐ Student (S): Free

☐ Student Web-Only (SW): Free

☐ Facility Membership: \$200

### 4. CHAPTER MEMBERSHIP REQUIREMENT

Required for Superintendent (B) membership

To reinstate to Class A or Class B member, you must also belong to a GCSAA affiliated chapter. Please provide the name of the chapter to which you belong:

Your vote will automatically be assigned to your chapter, unless marked individual.

☐ Individual

If you do not currently belong to a chapter, please submit your application and visit [www.gcsaa.org/resources/chapter-resources/chapter-directory](http://www.gcsaa.org/resources/chapter-resources/chapter-directory) for a 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: \_\_\_\_\_  
*Please print first and last name (e.g., "Mary Smith," not "Mrs. J. Smith" or "Mrs. John Smith").*

## 7. 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

\* Note: In order to verify your level of formal education for the purpose of attaining Class A/CGCS status, please request that an official copy of your transcript from the institution of higher learning from which you attained your degree, be forwarded to GCSAA at the address listed above.

## 8. 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 & State


## 9. METHOD OF PAYMENT

☐ Visa   ☐ MasterCard   ☐ American Express

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/20 \_\_\_\_

Card Holder (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_