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. 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 members, 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).

Print Name: ____________________________________________

Signature of Primary Membership Contact: ____________________________

Date of Application: ____________________________________________

CONTINUE
Please use the spaces below to designate the minimum of two (2) Affiliate Corporate Company Representatives (AFCR). Please make as many copies of this page as needed to add more than two (2). If any of the representatives are current members or have been a member at any time, please provide their current/previous membership number in the appropriate field. Each AFCR will need to provide an address for mailing of all membership information. Each representative will receive all member benefits, including an affiliate membership card and a copy of *Golf Course Management* magazine.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>GCSAA Membership Number (if applicable)</th>
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<tbody>
<tr>
<td>Employer / Company Name</td>
<td>Title (required)</td>
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<tr>
<td>Full Address (for all membership mailings)</td>
<td>Regional Office/Home (please indicate)</td>
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**PUBLISH E-mail address** in the GCSAA Membership Directory?  Yes ☐  No ☐  **U.S. Citizen?**  Yes ☐  No ☐  **Lawful Permanent Resident** ☐

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