



AFFILIATE COMPANY REPRESENTATIVE MEMBERSHIP APPLICATION

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

1. ADDRESS INFORMATION

COMPANY OFFICE ADDRESS

Business Name _____

Street or P.O. Box _____

City, Province/State, Zip/Postal Code _____

Country _____

Phone _____

E-mail _____

Affiliate Company Representative (AFCR) Membership Application Requirements:

- ◆ List a minimum of two (2) individuals as members at \$325 each
- ◆ Provide the company name and address for the annual billing of dues

Please Note:

The individuals listed as members will receive a membership card as well as all of the member benefits - the company will not.

A company may add any number of AFCR memberships at \$325 each.

2. 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

3. 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).

Print Name: _____

Signature of Primary Membership Contact: _____

Date of Application: _____

Please use the spaces on the next page to designate the minimum of two (2) Affiliate 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.

Full Name	GCSAA Membership Number (if applicable)		
Employer / Company Name	Title (required)		
Full Address (for all membership mailings)	<input type="checkbox"/> Home	<input type="checkbox"/> Business	Phone
City, Province/State, Zip/Postal Code	E-Mail		
Country	Birthdate (MM/DD/YYYY)		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Lawful Permanent Resident
Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black or African American <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
Publish E-mail address in the GCSAA Membership Directory? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Please check if you would like to receive GCSAA's <i>Golf Course Management</i> magazine.			

Full Name	GCSAA Membership Number (if applicable)		
Employer / Company Name	Title (required)		
Full Address (for all membership mailings)	<input type="checkbox"/> Home	<input type="checkbox"/> Business	Phone
City, Province/State, Zip/Postal Code	E-Mail		
Country	Birthdate (MM/DD/YYYY)		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Lawful Permanent Resident
Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black or African American <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
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