



MEMBER-GET-A-MEMBER APPLICATION

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

*MUST NOT HAVE BEEN A GCSAA MEMBER FOR THE PREVIOUS 12 MONTHS

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

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 _____

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.

Business Name _____ Business Address _____ City, Province/State, Zip/Postal Code _____ Country _____

Job Title _____ Phone _____

3. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES

Please check the appropriate box below.

Superintendent (B): \$400 International Superintendent Member (ISM): \$205 Educator (E): \$65

Assistant Superintendent (C): \$205 Affiliate Individual (AF): \$400 Associate (AS): \$110

Equipment Manager (EM): \$95 Affiliate Company (AFC): \$400 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:

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 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: _____

Please print first and last name (e.g., "Mary Smith," not "Mrs. J. Smith" or "Mrs. John Smith").

7. 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

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: _____

BM MGM