



# MEMBERSHIP APPLICATION

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

## Join now and get free registration to the GCSAA Education Conference and the Golf Industry Show!

All members receive a complimentary conference and show registration. This benefit may be used for the Conference and Show of your choice. Past members who have used this benefit are not eligible.

### I. NAME OF APPLICANT

\_\_\_\_\_  
First Middle Last/Surname

### 2. ADDRESS INFORMATION

Preferred mailing address:  Home  Business

#### Home Mailing Address:

Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City, Province/State, Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

U.S. Citizen  YES  NO  Lawful Permanent Resident  
PUBLISH E-mail address in the GCSAA Membership Directory?  YES  NO

#### Job Title:

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, Province/State, Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Date of Birth \_\_\_\_\_

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.

- |                                                              |                                                                           |                                                     |
|--------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Superintendent (B): \$400           | <input type="checkbox"/> International Superintendent Member (ISM): \$205 | <input type="checkbox"/> Educator (E): \$65         |
| <input type="checkbox"/> Assistant Superintendent (C): \$205 | <input type="checkbox"/> Affiliate Individual (AF): \$400                 | <input type="checkbox"/> Associate (AS): \$110      |
| <input type="checkbox"/> Equipment Manager (EM): \$95        | <input type="checkbox"/> Affiliate Company (AFC): \$400                   | <input type="checkbox"/> Facility Membership: \$200 |

### 4. CHAPTER MEMBERSHIP REQUIREMENT Required for Superintendent membership (B)

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](http://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 nations/country organization: \_\_\_\_\_ Member number: \_\_\_\_\_

### 6. INSURANCE

As a benefit of your membership, all members (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 hr. minimum)
- 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
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**9. METHOD OF PAYMENT**

A.  Visa     MasterCard     American Express    Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/20 \_\_\_\_

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

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

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

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

MBR