MEMBERSHIP APPLICATION

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.

1. NAME OF APPLICANT

First         Middle                        Last/Surname

2. ADDRESS INFORMATION

Home Mailing Address:

Preferred mailing address: □ Home □ Business

Job Title:

Street

PO. Box

City, Province/State, Zip/Postal Code

Telephone

Fax

Country

Business Name

Business Address

City, Province/State, Zip/Postal Code

Fax

Country

E-mail

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

PUBLISH E-mail address in the GCSAA Membership Directory? □ YES □ NO

3. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES

Please check the appropriate box below.

□ Superintendent (B): $400

□ Assistant Superintendent (C): $205

□ Equipment Manager (EM): $95

□ International Superintendent Member (ISM): $205

□ Affiliate Individual (AF): $400

□ Affiliate Company (AFC): $400

□ Educator (E): $65

□ Associate (AS): $110

□ 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 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”).

Please check if you would like to receive GCSAA's Golf Course Management magazine.
7. LEVEL OF EDUCATION

Highest Level of Education Completed:

☐ Bachelor's Degree Turf/Plant Science
☐ Other Bachelor's Degree plus Associate's Degree in Turf/Plant Science or 2-Year Turf Certificate from 4-Year institution (i.e. Michigan State, Penn State)
☐ Other Bachelor's Degree
☐ Associate's Turf/Plant Science Degree or 2-Year Turf Certificate from 4-Year institution (i.e. Michigan State, Penn State)
☐ Other Associate's Degree
☐ No Degree or Recognized Certificate
☐ Turf Certificate/Short Course (400 hr. minimum)

* 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

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).

Signature: ________________________________ Date: ________________

MBR