



MEMBERSHIP APPLICATION

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

Join now and get a complimentary registration to the GCSAA Conference and Trade Show!

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

1. NAME OF APPLICANT Gender: Male Female

Prefix _____ First _____ Middle _____ Last/Surname _____

2. ADDRESS INFORMATION Preferred mailing address: Home Business

Home Address _____ Job Title _____
City, Province/State, Zip/Postal Code _____ Country _____ Business Name _____
Phone Home Mobile _____ Business Address _____
E-mail _____ City, Province/State, Zip/Postal Code _____ Country _____
Date of Birth _____ Phone _____

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.

3. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES

Please check the appropriate box below.

<input type="checkbox"/> Superintendent (B): \$430	<input type="checkbox"/> International Superintendent Member (ISM): \$220	<input type="checkbox"/> Educator (E): \$65
<input type="checkbox"/> Assistant Superintendent (C): \$220	<input type="checkbox"/> Affiliate Individual (AF): \$430	<input type="checkbox"/> Associate (AS): \$110
<input type="checkbox"/> Equipment Manager (EM): \$95	<input type="checkbox"/> Affiliate Company (AFC): \$430	<input type="checkbox"/> 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. 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 contact hrs. minimum, 1 credit hr. = 15 contact hrs.)
- 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. 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

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. 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: _____