



1421 Research Park Drive • Lawrence, KS 66049-3858
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Membership Application

Complete this application to begin your free one-year membership.

NAME OF APPLICANT:

First Middle Last

I. ADDRESS Preferred Mailing Address: Home Business

Home Address: _____

Job Title: _____

City State Zip

Business Name : _____

Phone: _____ Fax: _____

Business Address: _____

e-mail: _____

City State Zip

Publish e-mail address in the GCSAA Membership Directory? YES NO

Phone: _____ Fax: _____

Please check if you would like to receive
GCSAA's *Golf Course Management* magazine.

Date of Birth: _____ U.S. Citizen? YES NO
mo/day/year

2. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES

Assistant Superintendent (C): Compliments of the Partner Recognition Program

3. INSURANCE

As a benefit of your membership, all members (excluding students, technical assistance network, international superintendents members, and 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: _____ Relationship to Member: _____

4. SIGNATURE

I hereby submit my application for membership in the Golf Course Superintendents Association of America. It is estimated that 8% 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, technical assistance network, international superintendent member and non-U.S. citizens, and that a portion 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/governance/code.asp).

Signature: _____ Date: _____

Learn more about member benefits at www.gcsaa.org.