

MEMBER-GET-A-MEMBER APPLICATION

1421 Research Park Drive • Lawrence, KS 66049-3859 • 785-841-2240 • 800-472-7878 • Fax: 785-832-3643 *REFERRING MEMBER WILL RECEIVE A \$50 GCSAA GIFT CERTIFICATE FOR EACH NEW MEMBER FOR USE IN THE GCSAA STORE, GCSAA CONFERENCE AND TRADE SHOW 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	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 Publish E-mail address in the GCSAA Membership Directory? YES NO	Hispanic or Latino White Multiracial Other Prefer not to answer Please check if you would like to receive GCSAA's <i>Golf Course Management</i> magazine.
3. GCSAA MEMBERSHIP CLASSIFICATION & ANNUAL DUES	
Please check the appropriate box below. Superintendent (B): \$430 Assistant Superintendent (C): \$220 Equipment Manager (EM): \$95	Associate (AS): \$110
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:	
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/coun	
Name of Nation/Country Organization:	
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: Relation to Member:	
7. METHOD OF PAYMENT	
	Exp. Date/20
Card Holder (Please print):	
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).