

REINSTATEMENT FORM

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

Important

No application will be considered without dues enclosed or valid credit card information.

I. NAME OF APPLICANT Gender: Male	Female			
Prefix First	Middle	Last/Surname		
2. ADDRESS INFORMATION Preferred ma	iling address:	ısiness		
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 Res				
,	Pacific Islander Black or African American YES NO	☐ Hispanic or Latino ☐ White ☐ Multiracial ☐ Other ☐ Prefer not to answer ☐ Please check if you would like to receive GCSAA's Golf Course Management magazine.		
☐ Superintendent (B): \$430 ☐ Assistant Superintendent (C): \$220 ☐ Equipment Manager (EM): \$95	☐ Affiliate Individual (AF): \$430 ☐ Student (S): Free ☐ Student Web-Only (SW): Free ☐ Associate (AS): \$110 ☐ Facility Membership: \$200			
. CHAPTER MEMBERSHIP REQUIREMENT	Required for Superintendent (B)	membership		
o reinstate to Class A or Class B member, you must a	lso belong to a GCSAA affiliated chapter	er. Please provide the name of the chapter to which you belong:		
our vote will automatically be assigned to your cha	pter, unless marked individual.	☐ Individual		
f you do not currently belong to a chapter, please so representative can give you an affidavit of your inter		gcsaa.org/resources/chapter-resources/chapter-directory for a list of chapters. A chapter		
ISM MEMBERSHIP REQUIREMENT Req	uired for International Superintende	ent Member (ISM)		
Il applicants for International Superintendent Member are	required to be a member of the nations/cour	untry superintendent/greenkeeper organization.		
lame of Nation/Country Organization:		Member Number:		
. INSURANCE				
us a benefit of your membership, all eligible members (age program. If a beneficiary is not named, state law will gover		e company, facility, friend and any non-U.S. citizens are automatically enrolled in the dues term life insurance		
Name of Reneficiary		Relation to Member		

Please print first and last name (e.g., "Mary Smith," not "Mrs. J. Smith" or "Mrs. John Smith").

7. LEVI	EL 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 e purpose of attaining Class A/CGCS status, pofficial copy of your transcript from the inst learning from which you attained your degree to GCSAA at the address listed above.	education for the please request that an tution of higher
8 EMP	LOYMENT HISTORY (THIS SECTION IS REQUIRED)			
Positi	on held: (Past positions held in the golf course management inc (mo/day/yr) To (mo/day/yr)	dustry prior to current employmer Title	nt.) Place of Employment, City & State	
9 MFT	HOD OF PAYMENT			
☐ Vi	sa 🗌 MasterCard 🔲 American Express Card No			
	lolder (Please print):	Signature Remit to: GCSAA • 1421 F	:	
	issa Ensissed (Gro. deniare drawn on Gro. burn only)		Lawronou, no courts	
I hereby s for federa well as fo	ubmit my application for membership in the Golf Course Superintendents As I income tax purposes, but may be deductible as an ordinary and necessary r payment of term life insurance dues for all eligible members (age 64 and y ment is therefore not tax deductible as a business expense. I have read and	y business expense. It is estimated that younger) excluding student, affiliate co	at 6% of my membership dues will be used for advocati ompany, facility, friend and any non-U.S. citizens. This e	ng positions on government issues, as stimated portion of the membership
Signatur	8		Date:	