



2021 MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_
NAME OF CLUB/BUSINESS: \_\_\_\_\_
POSITION/TITLE: \_\_\_\_\_
BUSINESS MAILING ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
BUSINESS PHONE #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_
E-MAIL: \_\_\_\_\_ WEB SITE: \_\_\_\_\_
BIRTH DATE: \_\_\_\_\_

GCSAA MEMBER # \_\_\_\_\_

- \_\_\_\_\_ YEARS AS A SUPERINTENDENT ON PRESENT COURSE
\_\_\_\_\_ YEARS AS A SUPERINTENDENT ON ANY GOLF COURSE
\_\_\_\_\_ YEARS AS AN ASSISTANT SUPERINTENDENT ON PRESENT COURSE
\_\_\_\_\_ YEARS AS AN ASSISTANT SUPERINTENDENT ON ANY GOLF COURSE
\_\_\_\_\_ NUMBER OF HOLES ON PRESENT GOLF COURSE (APPLIES TO SUPERINTENDENTS/ASSISTANTS)
\_\_\_\_\_ YEARS WORKED IN TURFGRASS INDUSTRY
\_\_\_\_\_ YEARS AS AN EDUCATOR
\_\_\_\_\_ YEARS AS A STUDENT (APPLIES TO STUDENTS CURRENTLY ENROLLED IN FORMAL TURFGRASS EDUCATION)

ANNUAL DUES:

Table with 2 columns: Membership Class and Annual Dues Amount. Includes classes A, B, C, AF, AS, E, R, and S.

\*\*DUAL MEMBERSHIP REQUIREMENT: CLASS A OR B MUST ALSO BE A MEMBER OF GCSAA

MARK PAYMENT PREFERENCE: \_\_\_\_\_ CREDIT CARD (4% convenience fee added) \_\_\_\_\_ CHECK (mail to address below)

APPLICANT'S SIGNATURE

DATE

\*\*FOR MORE INFORMATION CALL: 806-759-3461 OR SEND EMAIL TO wtgcsa@wtgcsa.net
WTGCSA PO BOX 66 GAIL, TX 79738