



2024 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 # _____ (THIS IS FOR MEMBERS OF THE NATIONAL ASSOCIATION)

FILL OUT THIS SECTION ONLY IF YOU ARE A SUPERINTENDENT, ASSISTANT SUPERINTENDENT, EQUIPMENT MANAGER, EDUCATOR OR STUDENT:

- _____ 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: PLEASE CHECK YOUR APPROPRIATE CLASS

Table with 2 columns: Class Name and Amount. Rows include CLASS A**, CLASS B**, CLASS C, CLASS EM, CLASS AF MEMBER, CLASS AS MEMBER, CLASS E MEMBER, CLASS R MEMBER, and CLASS S MEMBER.

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

***** PAY WITH CHECK PAY WITH CREDIT CARD *****

APPLICANT'S SIGNATURE

DATE

**FOR MORE INFORMATION CALL: 806-759-3461 OR SEND EMAIL TO wtgcsa@wtgcsa.net