



2025 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. Rows include Class A**, Class B**, Class C, Class EM, Class AF, Class AS, Class E, Class R, and Class 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