

*Affiliate Membership Application
Treasure Coast Chapter
Florida Golf Course Superintendents Association*

(Please Print or Type)

Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

_____ Mobile: _____

Home Address: _____ Phone: _____

_____ E-mail: _____

Mailing Address (check one): Home _____ Office _____

How can you or your company benefit the TCGCSA?

List other organizations and associations that you are a member of which are related to your profession:

Please have two golf course superintendents who are members of the Treasure Coast Chapter sponsor your application:

(Please print name) (Signature) (Date)

(Please print name) (Signature) (Date)

I hereby make application for membership in the Treasure Coast Golf Course Superintendents Association and I certify that I will observe the Bylaws of the Association.

Signature of Applicant: _____ Date: _____

Mail your completed application to: **Barbara S. Tierney, Executive Secretary**
(or fax to: 772-231-8600) **TCGCSA**
115 Silver Moss Drive
Vero Beach, FL 32963

Your application will be presented at the next TCGCSA Board Meeting for approval. After that meeting you will be notified of your approval status and mailed an invoice for your membership dues of \$100.00 per year. Please do not send a check with this application.

Approval by Membership Committee Officers:

(Please print name) (Signature) (Date)

(Please print name) (Signature) (Date)