



Membership /Renewal Application

APPLICANT INFORMATION

NEW MEMBER MEMBERSHIP RENEWAL

DATE _____

Last Name _____

First _____

Company _____

Chapter _____

Business Address _____

City _____

State/Zip _____

Phone _____

E-mail Address _____

Fax _____

Mobile Phone _____

Website _____

Preferred Mailing Address Home Business

Home Address _____

City _____

State/Zip _____

Club Manager/Owner/Course Official's Name _____

E-mail Address _____

CLASSIFICATION: A SM C Vendor AA or Honorary

Are you a GCSAA Member? YES NO GCSAA # _____ Are you a Certified Golf Course Superintendent? YES NO

DUES: Class A, SM: \$150.00 Class C: \$100 AA or Honorary: FREE Vendor: \$400 (\$50 per additional representative, please list below)

Additional #1 Name _____

Address _____

Phone _____

City/Zip _____

Fax _____

E-mail _____

Additional #2 Name _____

Address _____

Phone _____

City/Zip _____

Fax _____

E-mail _____

Would you like to contribute an additional \$25.00 to the FGCSA Research Fund? YES NO

Please make checks payable to the FGCSA & mail to: PO Box 65, Jensen Beach, FL 34958
 OR: Pay by credit card on-line at www.floridagcsa.com
 OR: Fax completed application to 772-334-7515 or e-mail to fgcsa@comcast.net

SIGNATURE OF APPLICANT _____

AMOUNT ON CHECK, MADE PAYABLE TO FGCSA _____