



Membership / Renewal Application Corporate 2016 - 2017

NEW MEMBER MEMBERSHIP RENEWAL

DATE _____

Last Name _____

First Name _____

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 _____

CLASSIFICATION: Corporate Associate

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

Corporate Member: \$500 Add'l Corporate Member \$250 Associate Member \$100

If you are joining as an Additional Corporate Member, please indicate the name of the Corporate Member to which you are adding your membership:

Name _____

Class Associate Member: Involved in the Golf Industry (Board approval required).

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/shop
Fax completed application to 772-334-7515 or e-mail to fgcsa@comcast.net

SIGNATURE OF APPLICANT _____

AMOUNT ON CHECK, MADE PAYABLE TO FGCSA _____