



Golf Course Superintendents Association of Cape Cod
c/o Julie Heston, PO Box 603, North Scituate, RI 02857

Application for Membership

Name of Applicant _____

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone () _____ Fax () _____

Email _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

****Preferred Mailing Address (please ✓ one): Home or • Business

Present Position _____ Years at position _____

USGA Ghin Number _____ Handicap _____

Please name organizations to which you belong _____

Each application **MUST** be signed by two voting members of the GCSACC who will certify as to the reliability of the applicant's information.

Signature: _____ Name (print) _____ Date _____

Signature: _____ Name (print) _____ Date _____

The first reading of application will be at our next meeting. A second reading of the application will follow the month thereafter. Applicant must be present at the second reading in order to be voted into the association.

I hereby request membership in the Golf Course Superintendents Association of Cape Cod and attach herewith my dues

(\$ **175.00** *superintendent member* or \$ **250.00** *associate member*) for one year.

_____ Date of Application

_____ Signature of Applicant

JOINT MEMBERSHIP

Effective July 1, 1997 all Class A and B membership applicants must submit an application for membership or evidence of membership with GCSAA and maintain that membership thereafter.

GCSAA # _____

Association Use:

Payment Received _____

1st Reading _____

2nd Reading _____

Classification _____