

# Golf Course Superintendents Association of Cape Cod

c/o Julie Heston, 36 Elisha Mathewson Road, N. 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 \_\_\_\_\_