

MEMBERSHIP APPLICATION [please print]

Membership Chairman:

Bill Corcoran, 610-960-9196/bcorcoran@lawn-golf.com

DATE _____ -- _____ -- _____

Membership Class [circle one]: A, SM, C, Mechanic, Affiliate Educator, Associate, Student



If you are a member of the **GOLF COURSE SUPERINTENDENTS ASSOCIATION OF AMERICA** please provide your ID number _____ [Class A and SM applicants must also be members of GCSAA. To apply for a GCSAA membership, please call 800-472-7878.]

Are you a member of another GCSAA affiliated chapter: NO YES CHAPTER: _____

Your Name _____ **Spouse's Name [if applicable]** _____

Your DATE OF BIRTH _____ -- _____ -- _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Cell _____ **HOME E-MAIL** _____

Facility or Employer _____

BUSINESS PHONE _____ **FAX** _____ **E-MAIL** _____

Title _____ **Time at current Postion** _____

If you are applying for membership as part of Facility or Vendor Dues Package, please check here:

Previous Work Experience

Facility or Employer _____

Dates of Employment _____

I PROMISE TO OBSERVE THE **BY-LAWS** OF THE **PHILADELPHIA ASSOCIATION OF GOLF COURSE SUPERINTENDENTS** AND ALSO OF THE **GOLF COURSE SUPERINTENDENTS ASSOCIATION OF AMERICA**.

All applications must include the signatures of two PAGCS voting members.

Please state below the name or names of PAGCS voting members who would sign for you.

PROPOSED _____

SECONDED _____

SIGNED _____

SIGNED _____

Facility _____

Facility _____

APPLICANT'S SIGNATURE _____