



Idaho GCSA

P.O. Box 807, Lolo, MT 59847

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idahogcsa@gcsa.myrf.net

MEMBERSHIP APPLICATION FORM

Please type or print clearly

Name of Applicant _____	For Office Use Only:
Course/Company Name _____	Date Received:
Office Mailing Address _____	Memb. Number:
City, State, Zip _____	Payment
Office / Shop Phone: (____) _____ - _____	Date Started Present Position _____
Office / Shop Fax: (____) _____ - _____	Title of Position: _____
Office/ Shop Toll Free: (____) _____ - _____	E-mail address: _____
Cell/Mobile : (____) _____ - _____	Type of Course: _____ Number of Holes _____

I would prefer to receive all mailings at my: Home Address _____ Office Address _____

Are you a licensed pesticide applicator? ____ Yes ____ No Pesticide License Expiration Date _____

Are you a member of GCSAA? _____ **GCSAA Class & Membership Number:** _____

Are you a GCSAA Certified Superintendent? ____ Yes ____ No Next Recertification Date _____

Past Positions Held (Do NOT Include Present Position):

From	To	Place of	City &	Job
Mo. & Yr.	Mo. & Yr.	Employment	State	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Mailing Address _____

City, State, Zip _____

Home Phone (____) _____ - _____ Spouse's Name _____

CLASS

A (Superintendent 3 years & over)	\$ 110	<i>SUBTRACT \$5.00</i>
ART (Class A Retired – must meet requirements as defined in bylaws)	\$ 55	
SM (Superintendent less than 3 years)	\$ 110	<i>from all classes</i>
FM (Facility Membership as defined by bylaws)	\$ 110	
C (Assistant Superintendent)	\$ 110	<i>if paying by check</i>
D (Allied/Commercial/Supplier)	\$ 110	
E (Student - requires signature)	\$ 40	
F (Professor / Former Class A, SM, or C member; Interested in in Turf Mgt / Course employees other than supers & assistants)	\$ 60	
*Job Service Only (Included in above classifications)	\$ 45	

▶ ▶ Class (D) ALLIED MEMBERS

Types of products/services offered, companies represented:

▶ ▶ Class (E) Student To qualify for membership, an applicant must be enrolled in a college or university involved in the field of turf management. Applicants must obtain the signature of their major professor or a superintendent or assistant superintendent who is a member of this association as a sponsor of their membership.

College/University Signature of Major Professor/ or Supt. Member Sponsor
Date _____ Telephone Number _____

▶ ▶ ALL APPLICANTS COMPLETE < < < < < < < < < < < < < < < < < < < < < <

I hereby make application for membership* in the Idaho Golf Course Superintendents Association and attach my dues payment. Our year is from January 1 – December 31 and dues are not prorated. *job service only does not qualify for actual membership

Signature of applicant Date

EFFECTIVE JULY 1, 1997 each applicant for Class A or SM membership must present either an application form, or evidence of membership, with the Golf Course Superintendents Association of America (GCSAA).

Class AA, A ,SM, C members:

Please complete for your Green Chairman to receive a complimentary copy of The Grass Clipping , the Idaho GCSA newsletter

To: Green Chairman/Official
Course: _____
Course Mailing Address: _____
City / State / Zip code: _____

*PAYMENT OPTION: Mail check with application or charge to your credit card:

Charge to my: Mastercard Visa AMEX (please circle one)

Total charged to card: _____ Print Name of Card Holder _____

Credit Card Number : _____ Expires: _____

Signature _____

Your Idaho GCSA membership dues are not deductible as a charitable contribution. They may be deductible as an ordinary necessary business deduction.