



P.O. Box 3684 Bloomington, IL 61702-3684

Phone (309) 533-5838

MEMBERSHIP APPLICATION INSTRUCTIONS:

- 1) **IF YOU ARE A NEW MEMBER**, PLEASE FILL OUT THE FORM COMPLETELY AND LEGIBLY.
- 2) **IF RENEWAL**, FILL OUT YOUR NAME, GCSAA#, AND ANY CHANGED INFORMATION

ALL NEW CLASS "A" AND "SM" APPLICATIONS MUST BE ACCOMPANIED WITH PROOF OF MEMBERSHIP TO GCSAA AS IS REQUIRED BY THE 1997 "JOINT AFFILIATION AGREEMENT."

RENEWALS MUST BE RECEIVED BY MARCH 31.

**** A \$20.00 LATE FEE WILL BE ASSESSED FOR RENEWALS RECEIVED AFTER APRIL 1,**

PLEASE INDICATE THE MEMBERSHIP CLASS YOU ARE APPLYING FOR:

- AA** HONORARY - LIFE MEMBERSHIP - RETIRED - *NO DUES REQUIRED*
- A** A GOLF COURSE SUPERINTENDENT FOR AT LEAST 3 YEARS - *\$90.00*
- SM** A GOLF COURSE SUPERINTENDENT FOR LESS THAN 3 YEARS - *\$90.00*
- C** ASSISTANT SUPERINTENDENT - *\$90.00*
- AF** AFFILIATE MEMBER - DISTRIBUTOR, SALES REP, NON PRP., - *\$150.00*
- E** HONORARY - EDUCATOR - *NO DUES REQUIRED*
- AS** ASSOCIATE MEMBER - *\$90.00* - This is a member that does not qualify for membership under Class A ,C or Superintendent Member (interested party)
- S** STUDENT - MUST BE ENROLLED "FULL TIME" IN A FORMAL COURSE OF EDUCATION
NO DUES REQUIRED

APPLICATION TYPE: NEW MEMBER RENEWAL

GCSAA MEMBER #: _____ YEARS A MEMBER OF CIGCSA: _____

FULL NAME OF APPLICANT

COURSE/COMPANY NAME () _____
BUSINESS PHONE

PREFERRED MAILING ADDRESS () _____
FAX #

CITY/STATE/ZIP () _____
MOBILE PHONE

E-MAIL ADDRESS (WRITTEN EXACTLY AS IT IS) () _____
HOME PHONE

I WOULD BE INTERESTED IN SERVING AS A COMMITTEE MEMBER

I WOULD BE INTERESTED IN HOSTING A MEETING

DONATION BENEFITTING THE GEORGE "TONY" POLILLO TURFGRASS RESEARCH FUND

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THE CIGCSA WILL BE CONTRIBUTING TO LOCAL TURFGRASS RESEARCH THROUGH A FUND IN THE NAME OF FOUNDING MEMBER GEORGE "TONY" POLILLO. THIS FUND WILL DIRECTLY BENEFIT LOCAL TURFGRASS RESEARCH AND EDUCATION. THANK YOU FOR YOUR SUPPORT.

ELIGIBLE VOTING MEMBERS OF CIGCSA AUTOMATICALLY WILL HAVE THEIR GCSAA VOTE ASSIGNED TO THE CHAPTER'S VOTING BLOCK. IF YOU CHOOSE TO VOTE AS AN INDIVIDUAL, YOU MUST ATTEND THE ANNUAL MEETING AND ELECTION OR SUBMIT YOUR VOTE BY PROXY. PLEASE CONTACT THE CHAPTER VOTING DELEGATE FOR MORE INFORMATION.

IN AN EFFORT TO MINIMIZE OUR COSTS, ALL CHAPTER CORRESPONDENCE WILL BE DELIVERED ELECTRONICALLY TO THE EMAIL ADDRESS PROVIDED ABOVE. IF YOU WOULD LIKE TO RECEIVE HARD COPIES OF THE MAILINGS PLEASE INDICATE BY CHECKING THIS BOX.

RETURN COMPLETED APPLICATION AND A CHECK MADE PAYABLE TO:

**CENTRAL ILLINOIS GOLF COURSE SUPERINTENDENTS ASSOCIATION
P.O BOX 3684
BLOOMINGTON, IL 61702-3684
OR EMAIL TO CI-GCSA@HOTMAIL.COM**

NO APPLICATIONS WILL BE CONSIDERED WITHOUT PROPER DUES PAYMENT, FOR PAYPAL INFORMATION PLEASE VISIT WWW.CIGCSA.COM.

TOTAL AMOUNT ENCLOSED: _____

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE CENTRAL ILLINOIS GOLF COURSE SUPERINTENDENTS ASSOCIATION AND ATTACH HERewith MY DUES.

DATE _____ SIGNATURE OF APPLICANT _____