



P.O. Box 3684 Bloomington, IL 61702-36842-3684

Phone (309) 533-5838

**PRP VENDOR INSTRUCTIONS:**

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

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**Class AF AFFILIATE MEMBER** –Vendor or Representative  **Class AS ASSOCIATE-** Non Golf Members

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APPLICATION TYPE:  NEW MEMBER  RENEWAL

PARTNER RECOGNITION PROGRAM LEVEL:  PLATINUM  GOLD  SILVER

\_\_\_\_\_  
COMPANY NAME ON PRP

\_\_\_\_\_  
MEMBER NAME ( ) \_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
PREFERRED MAILING ADDRESS ( ) \_\_\_\_\_  
FAX #

\_\_\_\_\_  
CITY/STATE/ZIP ( ) \_\_\_\_\_  
MOBILE PHONE

\_\_\_\_\_  
ADDRESS **(WRITTEN EXACTLY AS IT IS)** ( ) \_\_\_\_\_ E-MAIL  
HOME PHONE

IF YOU HAVE CHOSEN A NEWSLETTER AD IN THE PRP PLEASE ATTACH THE PROPER SIZE AD

IF YOU HAVE CHOSEN A DIRECTORY AD IN THE PRP PLEASE ATTACH A COPY OF YOUR AD

OR CHECK HERE TO REUSE PREVIOUS YEARS AD

IF YOU HAVE CHOSEN A PRP SPONSOR RECOGNITION CLOTHING PACKAGE PLEASE PROVIDE SIZE HERE: \_\_\_\_\_

**CHECKING THIS BOX INDICATES THAT YOU WOULD LIKE ALL ASSOCIATION CORRESPONDENCE DELIVERED BY MAIL TO THE ADDRESS PROVIDED ABOVE, OTHERWISE YOU WILL RECEIVE VIA EMAIL.**

**RETURN COMPLETED APPLICATION AND TO:**  
**CENTRAL ILLINOIS GOLF COURSE SUPERINTENDENTS ASSOCIATION**  
**P.O BOX 3684 BLOOMINGTON, IL 61702-3684**  
**Email: [ci-gcsa@hotmail.com](mailto:ci-gcsa@hotmail.com)**

If You would like a anyone else within your company to receive any corespondance that recognizes your contributions to our chapter, please indicate the recipients contact information below:

Name: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_