



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

Phone (309) 242-2598

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 ASSESED 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**
- B A GOLF COURSE SUPERINTENDENT FOR LESS THAN 3 YEARS - \$90.00**
- C ASSISTANT SUPERINTENDENT - \$50.00**
- AF AFFILIATE MEMBER - DISTRIBUTOR, SALES REP, NON PRP., - \$150.00**
- EM EQUIPMENT MANAGER - \$50.00**
- AS ASSOCIATE MEMBER - \$90.00 -** Employed at a golf course and 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

MOBILE PHONE

CITY/STATE/ZIP

EMAIL ADDRESS

I WOULD BE INTERESTED IN SERVING AS A COMMITTEE MEMBER
I WOULD BE INTERESTED IN HOSTING A MEETING

RESEARCH DONATION TO THE GEORGE "TONY" POLLILO _____

THE CIGCSA WILL BE ONCE AGAIN BE CONTRIBUTING TO LOCAL TURFGRASS RESEARCH. ALL MONIES COLLECTED WILL DIRECTLY BENEFIT LOCAL RESEARCH. THANK YOU FOR THE SUPPORT.

PREMIUM ¼ ZIP GOLF PULLOVER UP TO SIZE 3XL \$40.00 EACH

Please put a quantity in the bow next to the desired color and a size

COLOR: _____ **BLACK** _____ **WHITE** **SIZE:** _____

TOTAL CLOTHING AMOUNT: _____ (\$40. EACH)

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 CO SIDERED WITHOUT PROPER DUES PAYMENT, FOR PAYPAL N

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** _____