



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

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

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

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

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

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

Name: _____ email: _____

Address: _____

City and State: _____

DATE _____ SIGNATURE OF APPLICANT _____