



# MEMBERSHIP APPLICATION

OFFICE USE ONLY	
DATE RECEIVED:	
CLASS:	
MEETING ATTENDED:	
DUES RECEIVED:	
PESTICIDE CERT:	
GCSAA MEMBERSHIP:	

NAME OF APPLICANT:			DATE OF BIRTH:
HOME ADDRESS:			TITLE OF POSITION:
HOME PHONE #:	CELL PHONE#:	EMAIL:	SEND MAIL TO: CLUB HOME
NAME & ADDRESS OF CLUB:			DATE STARTED POSTION:
CLUB PHONE #:	CLUB FAX#:	EMAIL:	WEBSITE:
Past positions held prior to current employment:			
FROM MONTH & YEAR	TO MONTH & YEAR	NAME OF EMPLOYER	ADDRESS
ARE YOU A MEMBER OF ANY OTHER TURF ORIENTED GROUP? YES _____ PLEASE LIST: _____ NO _____			

Each application must be attested to by three Class A members of the LIGCSA who must certify as to the reliability of the applicant's information as stated above.			
1. Attestor: (Signature)	Name: (type/print)	Date Attested:	Office Use Only
2. Attestor: (Signature)	Name: (type/print)	Date Attested:	
3. Attestor: (Signature)	Name: (type/print)	Date Attested:	
I hereby make application for membership in the Long Island Golf Course Superintendent's Association.			
_____		_____	
Date of Application		Signature of Applicant	

## IMPORTANT

1. Fill out form completely and legibly.
2. Have three (3) Class A LIGCSA members sign this application where indicated.
3. Sign where indicated.
4. Submit check for full year's dues.
5. All Class A & SM applicants must be a member of the GCSAA and provide proof of membership.
6. All Class A and SM applicants must provide a copy of their current pesticide certification.
6. All applicants must attend a meeting before membership process can be completed.

Approved by: \_\_\_\_\_ Membership Effective Date: \_\_\_\_\_  
Membership Chairman