



WGCSA MEMBERSHIP APPLICATION

N1922 Virginia Dr - Waupaca, WI 54981- E-Mail: bgrams@wgcsa.com – www.wgcsa.com – 920.643.4888 – Fax 888.790.7492

First Name	Last Name
Title	Spouse (first name)
Birthdate	Email
Website	

Course/Company/School Name		
Course/Company/School Address 1		
Course/Company/School Address 2		
Course/Company/School City	State	Zip

Business Phone	Fax
Mobile Phone	Home Phone
Circle Membership Class Applying for: (Must pay for dues when applying)	
Class A (\$150) Class SM (\$150) Class C (\$150) Class D (\$150) Class E (\$250) Class S	

Home Address 1		
Home Address 2		
Home City	State	Zip

Circle ONE : I want my Grass Roots Magazine to go to **HOME** or **BUSINESS**
(Six Issues Annually)

Circle ONE : I want my monthly notices to come via **MAIL** or **EMAIL**
(Please go **GREEN!** and use **EMAIL**)

Are you a member of the GCSAA? YES NO IF Yes , Please Provide Membership Class _____ and GCSAA Membership Number _____

All applicants (Except Class E and S) please provide your last two Positions

1 Position (Title, Course or Club Name)	Dates of Employment
2 Position (Title, Course or Club Name)	Dates of Employment

All applicants (Except Class E) please provide two WGCSA references

First Name	Last Name	Phone #
First Name	Last Name	Phone #

If Class E Please list other company employees to be listed in annual directory.

Important Instructions

- Classification status will be determined per WGCSA By-Laws.
- If you are applying for "A" or "SM" membership you will need to have membership with the GCSAA in the same classification.

Membership Classifications

- Class AA - Lifetime Retired Member (No cost if approved)
- Class A - Supt. Member (\$150.00)
- Class SM - Supt. Member (\$150.00)
- Class C - Assistant Supt. Member (\$150.00)
- Class D - Associate Member (\$150.00)
- Class E - Affiliate Member (\$250.00)
- Class H - Honorary Member (No cost if approved)
- Class I - Inactive Member (No cost if approved)
- Class R - Retired Member (\$75.00)
- Class S - Student Member (No cost if approved)

If Class S Please have advisor/professor verify that you are full time student enrolled in a turfgrass or similar course of study in Wisconsin (or work for Member Supt.)

Professor/Advisor Name	Signature	Date
Professor/Advisor Title	Phone	

I hereby submit my application to the Wisconsin Golf Course Superintendents Association. I confirm that this application is filled out accurately and completely to best of my knowledge. I have included the payment of this years dues.

Signature _____ Date _____

Complete and mail with payment to : **WGCSA**
N1922 Virginia Dr.
Waupaca, WI 54981

You can also apply and pay dues online at
www.wgcsa.com/become_a_member