

## WGCSA MEMBERSHIP APPLICATION

www.wgcsa.com/Join-Us!

## 4174 Cherokee Dr- Madison, WI 53711-E-Mail: jschneider@wgcsa.com

First Name Last Name	Course/Company/School Name
Title Spouse (first name)	Course/Company/School Address 1
Birthdate Email	Course/Company/School Address 2
Website	Course/Company/School City State Zip
Business Phone Fax	Home Address 1
Mobile Phone Home Phone	Home Address 2
<u>Circle Membership Class Applying for:</u> (Must pay applicable dues when applying)	
Class A or B or C or D(\$150) Class E Company(\$250) Class R(\$75) Class EM(\$50) Class S	Home City State Zip
Circle ONE: I want my Grass Roots Magazine to go to HOME or BUSINESS  (Four 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 Classand GCSAA Membership Number	
All applicants (Except Class E and S) please provide your last two Positions	All applicants (Except Class E ) please provide two WGCSA references
1 Position (Title, Course or Club Name) Dates of Employment	First Name Last Name Phone #
2 Position (Title, Course or Club Name) Dates of Employment	First Name Last Name Phone #
If Class E Please list other company employees to be listed in annual directory.	Important Instructions  1. Classification status will be determined per WGCSA By-Laws.  2. If you are applying for "A" or "B" 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)
If Class S Please have advisor/professor verify that you are full time student enrolle in a turfgrass or similar course of study in Wisconsin (or work for Member Supt.)	Class B - Supt Member (\$150.00)
Professor/Advisor Name Signature Date	Class H - Honorary Member (No cost if approved) Class I - Inactive Member (No cost if approved)
Professor/Advisor Title Phone	Class R - Retired Member (\$75.00) Class S - Student Member (No cost if approved)
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 year's dues. (Applications after Sept 1st, dues applied thru all of following year)	
Signature	Date
Complete and mail with payment to: WGCSA	You can also apply and pay dues online at

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