

## Texas Gulf Coast Superintendents Association

Affiliate Membership Application

## APPLICATION INSTRUCTIONS

A.) Fill out form completely.C.) Sign and date where indicated.

B.) Have one TGCSA member sign (Attest) this application. D.) Enclose check for full year's dues.

PREFERRED MA	ILING ADDRESS:
OTHER	■BUSINESS

Name:	Comp	pany:			
Service you provide the Golf C	ourse Industry:	т	Title		
Company Mailing Address:		City	Zip		
Mailing Address (Other)		City	Zip		
E-mail:		Wk#:			
Cell #:	Fax #:	Home #:			
Golfer? Handicap	GCSAA	GCSAA # & Class, if applicable:			
Chapter communications will be by email when possible. I acknowledgeInitial					
I give my consent for my photo to be used in any Chapter publicationsYESNO					
Affiliate Dues are \$250 annually and may include two members from the same company. Dues for each member over the first two from the same company are \$100 each. A completed application must be submitted by all applicants.  The other Affiliate Members included with this membership are:  Copy this form as needed to provide additional member information.					
<b>ATTESTER</b> - A Superintendent member of TGCSA able to Certify the reliability of the Applicant's information as stated above.					
Attester Signature	Date		Attester Printed Name		
I hereby make application for me my dues for the current year. As a T.G.C.S.A	•				
Signature of Applicant		Date of Application			

Send completed application with check made payable to TGCSA to: P.O. Box 785, Blanco, TX 78606