



Texas Gulf Coast Superintendents Association

Affiliate Membership Application

APPLICATION INSTRUCTIONS

- A.) Fill out form completely.
- B.) Have one TGCSA member sign (Attest) this application.
- C.) Sign and date where indicated.
- D.) Enclose check for full year's dues.

PREFERRED MAILING ADDRESS:
 OTHER BUSINESS

Name: _____ Company: _____

Service you provide the Golf Course Industry: _____ Title _____

Company Mailing Address: _____ City _____ Zip _____

Mailing Address (Other) _____ City _____ Zip _____

E-mail: _____ Wk#: _____

Cell #: _____ Fax #: _____ Home #: _____

Golfer? _____ Handicap _____ GCSAA # & Class, if applicable: _____

Chapter communications will be by email or fax when possible. I acknowledge. _____ Initial

Affiliate Dues are \$200 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.

ATTESTER - 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 membership in the Texas Gulf Coast Superintendents Association and submit herewith my dues for 2010. As a member of this organization I accept and fully agree to abide by the bylaws of the T.G.C.S.A

Signature of Applicant

Date of Application

Send completed application with check made payable to TGCSA to: P.O. Box 271352, Corpus Christi, TX 78427-1352