



SUNCOAST GOLF COURSE SUPERINTENDENTS ASSOCIATION
APPLICATION FOR MEMBERSHIP

DATE: _____

I hereby make application for membership in the SUNCOAST GOLF COURSE SUPERINTENDENTS ASSOCIATION and attached herewith my dues in the amount of _____ for the current year.
(Superintendent- \$125, Supplier- \$125, Special-\$150, Make check payable to Suncoast G.C.S.A.) Please check by laws for correct classification

NAME: _____

GCSAA CLASSIFICATION (IF APPLICABLE): _____

CLUB OR BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ FAX: _____

CELL PHONE: _____ EMAIL: _____

MAILING ADDRESS FOR NEWLETTER _____
(IF DIFFERENT THAN BUSINESS) _____

I have been employed at my present position for ___ years ___ months. Prior to this I had been employed as follows: _____

SIGNATURE: _____ DATE: _____

Each application MUST be signed by two Superintendent members of the SCGCSA who will certify as to the reliability of the application.

Attester: _____ Print Name: _____

Attester: _____ Print Name: _____

Send to: SCGCSA
2875 Dick Wilson Dr
Sarasota FL 34240

1ST Reading Date: _____

2nd Reading Date: _____