

NORTHWESTERN PENNSYLVANIA GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.

MEMBERSHIP APPLICATION

DATE ____/____/____

PLEASE TYPE OR PRINT

Name of Applicant _____ Spouse Name _____
 Home Street Address: _____ City _____ State _____ Zip Code _____
 Home Phone () _____ Home FAX () _____
 Cell Phone () _____
 Course or Company Name _____
 Street Address _____ City _____ State _____ Zipcode _____
 Business Phone () _____ Business FAX () _____

Title or Position Held _____ Date Started _____
 Type Of Employment Full or Part Time Explain _____

Describe Job Responsibilities _____

Please list E-mail address here _____

Previous Employer _____ Type of Business _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ Length of Employment _____
 If you are a member of the GCSAA, please insert your membership # _____
 List Turf Related Associations of Which You Are or Have been a Member & Dates _____

List Any Formal Turf Related Education & Dates _____

Application must be sponsored by TWO Class A Members. Please submit with application, annual dues of \$100.00, **Plus \$35.00 Plaque and Processing Fee.** Check Made Payable to: **NWPGCSA, Inc., P.O. Box 157 Forestville, PA 16035** *(Note: Sponsors Should Know Applicant)*

NAME _____ DATE _____ NAME _____ DATE _____
Sponsor Signature Sponsor Signature

APPLICANT'S SIGNATURE _____ DATE _____

OFFICIAL USE ONLY

Membership Chairman _____ President _____
 Date Approved ____/____/____ Classification _____
 Date Paid ____/____/____ Check# _____ \$ _____ Initiation Pack Sent _____

MEMBAP.DOC January 7, 2014