



Membership Application Form

P.O. Box 1556,
Oregon City, OR 97045

ogcsa@ogcsa.org
503.344.6535

Section 1

NAME _____

CLUB/COMPANY _____

PREFERRED MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____

OFFICE / PHONE _____ MOBILE / CELL _____

EMAIL ADDRESS: _____

Member of G.C.S.A.A.? _____ G.C.S.A.A. Number _____ Current Position: _____

Are you a GCSAA Certified Superintendent? _____ Yes _____ No

Class applying for circle below (For complete class description visit www.ogcsa.com under By-laws):

A—Golf Course Superintendent

Associate

SM—Superintendent Member

Student *Complete Section 2

C—Assistant Golf Course Superintendent

Affiliate

Section 2 -Student

To qualify for student membership, an applicant must be enrolled full-time turfgrass student enrolled in a formal course education, or have completed his or her formal education less than (1)year prior to the date of application of membership.

College / University _____

Signature of Professor / or Supt. Member Sponsor _____ Date _____

Section 3

I hereby make application for membership in the Oregon Chapter Golf Course Superintendents Association and attach my dues payment for one year or any portion of time remaining of the current year. Dues are not prorated. Year = Nov 1 – Oct 31

EFFECTIVE July 1, 1997 each applicant for Class A or SM membership must present either an application form, or evidence of membership, with the Golf Course Superintendents Association of America (GCSAA)

Signature of applicant

Date

Section 4

FIRST MEMBER FROM A CLUB / COMPANY \$185.00; SECOND MEMBER OR MORE \$130.00 EACH; STUDENT \$60.00

PAYMENT OPTION: Mail check with application or charge to your credit card:

Checks: Payable to Oregon Chapter GCSAA or OGCSA

P.O. Box 1556

Oregon City, OR 97045

Credit Card: VISA MASTERCARD

TOTAL AMOUNT TO BE CHARGED: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV: _____

SIGNATURE

CARD HOLDER NAME