



P.O. Box 5339 Torrance, CA 90510
 ☎ 866-820-3169 Fax: 310-320-6404
 Email: Cyndy@cmnsupt.com

Checks made payable to GCSASC

Home Information:

Name: _____ CGCS: Yes No
 Home Address: _____
 City: _____ State: _____ Zip _____ - _____
 Home Phone: () _____

Work Information:

Club or Company _____
 Title _____
 Work Address: _____
 City: _____ State: _____ Zip _____ - _____
 Work Phone: () _____ Ext. _____ Work Fax: () _____
 E-mail _____ Cell: _____

Association Information:

I wish to receive my Association information at: Home Work E-Mail (Magazine Mailed/All Else Email)
 Number of years employed in your current position _____
 Pesticide Applicators License / Certificate #: _____
 Are you a member of another superintendent associations? Yes: No:
 If yes, please list: _____
 Are you a member of GCSAA? Yes No Classification _____ Member # _____
 Please note: ***All Class A & SM members must join GCSAA to be a member of an affiliated chapter. If you are not a current member of GCSAA they will be notified of your GCSASC membership. Contact GCSAA at 800/472-7878 to get your GCSAA application.*

Classification Information: What membership classification are your applying for?

Voting Classes:
 **A (\$140) **SM (\$140) C (\$95) *Class A & SM members must be members of GCSAA. We will verify with GCSAA*
 A/SM/C Inactive (\$95) Retired (\$0)
Non-Voting Classes:
 Affiliate (\$140) Educator (\$70) Student (\$30) Associate (\$95)
 RECLASSIFICATION: I am applying for reclassification from _____ to _____ (\$10)

Attesting Information:

Each completed application must be signed by one Class A or Superintendent Member in good standing of GCSASC

Attested: _____
 Signature please print name Club

Office Use Only Date Rec'd: _____ Date Approved: _____ Amount: _____ Check #: _____
 M/C Visa AMEX Name on card: _____ Expiration date: _____
 Card No. _____ Signature _____

There will be a \$5 transaction fee for each credit card transaction. Thank you!