



P.O. Box 3684 Bloomington, IL 61702-3684

Phone (309) 242-2598

**MEMBERSHIP APPLICATION INSTRUCTIONS:**

- 1) **IF YOU ARE A NEW MEMBER**, PLEASE FILL OUT THE FORM COMPLETELY AND LEGIBLY.
- 2) **IF RENEWAL**, FILL OUT YOUR NAME, GCSAA#, AND ANY CHANGED INFORMATION

ALL NEW CLASS "A" AND "B" APPLICATIONS MUST BE ACCOMPANIED WITH PROOF OF MEMBERSHIP TO GCSAA AS IS REQUIRED BY THE 1997 "JOINT AFFILIATION AGREEMENT."

**RENEWALS MUST BE RECEIVED BY MARCH 31**

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**PLEASE INDICATE THE MEMBERSHIP CLASS YOU ARE APPLYING FOR:**

- \_\_\_\_\_ **AA** HONORARY – LIFE MEMBERSHIP – RETIRED – **NO DUES REQUIRED**
- \_\_\_\_\_ **A** GOLF COURSE SUPERINTENDENT FOR AT LEAST 3 YEARS - **\$100.00**
- \_\_\_\_\_ **B** GOLF COURSE SUPERINTENDENT FOR LESS THAN 3 YEARS - **\$100.00**
- \_\_\_\_\_ **C** ASSISTANT GOLF COURSE SUPERINTENDENT - **\$60.00**
- \_\_\_\_\_ **AF** AFFILIATE MEMBER – DISTRIBUTOR, SALES REP, NON PRP., - **\$200.00**
- \_\_\_\_\_ **EM** EQUIPMENT MANAGER - **\$60.00**
- \_\_\_\_\_ **AS** ASSOCIATE MEMBER - **\$60.00** (Employed at Golf Course but not qualify for membership under class A, B or C)
- \_\_\_\_\_ **S** STUDENT – MUST BE ENROLLED IN A FORMAL COURSE OF EDUCATION - **NO DUES REQUIRED**

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**APPLICATION TYPE – CIRCLE ONE:**                      **NEW MEMBER**                      **RENEWAL**

**GCSAA MEMBER #** \_\_\_\_\_                      **YEARS A MEMBER OF CIGCSA** \_\_\_\_\_

**FULL APPLICANT NAME** \_\_\_\_\_

**COURSE/COMPANY NAME** \_\_\_\_\_

**PREFERRED MAILAING ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_                      **EMAIL ADDRESS** \_\_\_\_\_

\_\_\_\_\_ I WOULD BE INTERESTED IN SERVING AS A COMMITTEE MEMBER

\_\_\_\_\_ I WOULD BE INTERESTED IN HOSTING A MEETING

**RESEARCH DONATION TO THE GEORGE "TONY" POLLILO\_\_\_\_\_**

THE CIGCSA WILL BE ONCE AGAIN BE CONTRIBUTING TO LOCAL TURFGRASS RESEARCH. ALL MONIES COLLECTED WILL DIRECTLY BENEFIT LOCAL RESEARCH. THANK YOU FOR THE SUPPORT.

ELIGIBLE VOTING MEMBERS OF CIGCSA AUTOMATICALLY WILL HAVE THEIR GCSAA VOTE ASSIGNED TO THE CHAPTER'S VOTING BLOCK. IF YOU CHOOSE TO VOTE AS AN INDIVIDUAL, YOU MUST ATTEND THE ANNUAL MEETING AND ELECTION OR SUBMIT YOUR VOTE BY PROXY. PLEASE CONTACT THE CHAPTER VOTING DELEGATE FOR MORE INFORMATION.

**IN AN EFFORT TO MINIMIZE OUR COSTS, ALL CHAPTER CORRESPONDENCE WILL BE DELIVERED ELECTRONICALLY TO THE EMAIL ADDRESS PROVIDED ABOVE.**

**RETURN COMPLETED APPLICATION AND A CHECK MADE PAYABLE TO:**

**CENTRAL ILLINOIS GOLF COURSE SUPERINTENDENTS ASSOCIATION P.O BOX 3684  
BLOOMINGTON, IL 61702-3684**

OR EMAIL TO [CI-GCSA@HOTMAIL.COM](mailto:CI-GCSA@HOTMAIL.COM)

NO APPLICATIONS WILL BE CO SIDERED WITHOUT PROPER DUES PAYMENT

**TOTAL AMOUNT ENCLOSED:\_\_\_\_\_**

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE CENTRAL ILLINOIS GOLF COURSE SUPERINTENDENTS ASSOCIATION AND ATTACH HEREWITH MY DUES.

SIGNATURE OF APPLICANT\_\_\_\_\_DATE\_\_\_\_\_