



# CONNECTICUT ASSOCIATION OF GOLF COURSE SUPERINTENDENTS



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## CAGCS RECLASSIFICATION APPLICATION

I hereby make official an application change to my present CAGCS membership:

PRESENT MEMBERSHIP CLASS: \_\_\_\_\_ to Class: \_\_\_\_\_

DATE: \_\_\_\_\_

Reason for requesting change in classification: \_\_\_\_\_

Please full out the information below:

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
HOME STREET \_\_\_\_\_  
HOME CITY \_\_\_\_\_  
HOME STATE \_\_\_\_\_  
HOME ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_  
AFFILIATION \_\_\_\_\_  
AFF. STREET \_\_\_\_\_  
AFF. CITY \_\_\_\_\_  
AFF. STATE \_\_\_\_\_  
AFF. ZIP \_\_\_\_\_  
AFF. TELEPHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

Signature \_\_\_\_\_

Please Fill Out and Return to : CAGCS, P.O. Box 1327, Redding, CT 06875  
Or Via Email : [cagcs@sbcglobal.net](mailto:cagcs@sbcglobal.net)