

Connecticut Association of Golf Course Superintendents, Inc.

P.O. Box 3678, Woodbridge, CT 06525

Directions for Application

1. Please print or type all information.
2. Application must be signed by two (2) Class A or SM members.
3. Be sure to include your check for the amount listed below which includes your first year's dues and an initiation fee.
4. You must attend two (2) monthly meetings within one year from receipt of your application before final action is taken by the board of directors. If you do not fulfill your commitment of two meetings, your check for the dues and initiation fee will be forfeited.
5. Make a copy of the application for your records and mail the original with your check to the address above.

Application for Membership

1. Name _____ Date of Birth _____
2. Home address _____
Street Address _____
City _____ State _____ Zip _____
3. Home Telephone _____ Business Telephone _____ Cell Phone _____
4. Email _____
5. Employer _____
6. Employer's Address _____
Street Address _____
City _____ State _____ Zip _____
7. Job Title or Job Description _____
8. Marital Status _____ Spouse's Name _____
9. Number of years employed as a golf course superintendent _____
10. Number of years with your present employer _____
11. Are you a member of GCSAA _____ GCSAA Number _____
12. Recommended by Class A/SM Member (Name) _____
Address _____ Signature _____
Recommended by Class A/SM Member (Name) _____
Address _____ Signature _____

I hereby make application for membership in the Connecticut Association of Golf Course Superintendents Association. Attached with my application in the sum of \$240.00 to cover the initiation fee and my first year's dues.



Dated _____ Signature of Applicant _____

Please make a copy of application for your records.