



RHODE ISLAND GOLF COURSE SUPERINTENDENTS ASSOCIATION
Organized 1930

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____ Spouse's Name: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Business Address:

Name of Golf Course/Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Cell Phone: (_____) _____ Email: _____

USGA Ghin #: _____

****Preferred Mailing Address (please one): Home _____ Business _____

Position: _____

Number of Years in this Position: _____

List past employment in the golf course field (place -- position -- time)

List Members of this Association known by you:

List other golf course-related associations to which you belong:

Are you a member of the GCSAA (Golf Course Superintendents Association of America?) (yes or no) _____

This application must be signed by two Class A members in good standing:

1. Signature: _____ Name (print): _____ Date: _____

2. Signature: _____ Name (print): _____ Date: _____

****PLEASE READ:** A total of \$ 225.00 for Superintendent members (Class A, B, C or T) and \$ 300.00 for Affiliate members consisting of membership dues plus an initiation fee of half the membership dues must accompany this application. (The initiation fee is waived for student members.) **Please make check payable to "RIGCSA."** All applications will be reviewed by the Board of Directors prior to a First Reading. **YOUR PRESENCE AT A MEETING FOR YOUR FIRST READING IS REQUIRED.**

Please call Julie Heston @ (401) 934-7660 for a meeting schedule. Please return this application together with payment to: RIGCSA, C/O Julie Heston, 36 Elisha Mathewson Road, N. Scituate, RI 02857 or you may bring the application with payment to a meeting.

For Association Use Only:

Classification: _____

Payment Received _____

Board Approved _____

1st Reading: _____

Announced _____

2nd Reading: _____