



# 2008 MEMBERSHIP APPLICATION AND DUES STATEMENT

MICHIGAN GOLF COURSE SUPERINTENDENTS ASSOCIATION

3225 West St. Joseph  
Lansing, MI 48917  
Phone: (517)327-9207  
Fax: (517)321-0495  
www.migcsa.org

## PREFERRED MAILING ADDRESS:

- Home
- Work

## DISTRICT:

- Greater Detroit
- Mid
- Northern
- Western

## MEMBER SINCE:

## PREFERRED COMMUNICATION:

- E-Mail
- Fax
- Postal

## WILL YOU VOLUNTEER FOR A COMMITTEE?

- Yes
- No

## TYPE OF OPERATION:

- Private
- Public
- Municipality

## NUMBER OF GOLF HOLES MAINTAINED:

NAME \_\_\_\_\_

CGCS:  Yes  No \_\_\_\_\_  
GCSAA Member # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SPOUSE \_\_\_\_\_

COMPANY \_\_\_\_\_ TITLE OF POSITION \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

## PLEASE SELECT THE APPROPRIATE MEMBER CLASS:

All membership categories will be reviewed by the Membership Committee and approved by the Board of Directors. If needed, check web site for the Detailed Definitions of the following Classes according to our By-Laws.

[www.migcsa.org](http://www.migcsa.org)

- Class AA Life Member = \$0
- Class A Golf Course Superintendent = \$75
- Class SM Superintendent Member = \$75
- Class C Assistant Golf Course Superintendent = \$50
- Class D Equipment Technician = \$50
- Class AFF Affiliate = \$75
- Class H Honorary = \$0
- Class E Educator = \$0
- Class SA Student /Associate = \$25 (Student or employee that doesn't fit a listed class)
- Class I Inactive = Will be set by the Board per Individual Case
- Class R Retired = \$37.50
- Class FM Facility Membership = Will be set by the Board per Individual Case

## PAYMENT INFORMATION

CREDIT CARD PAYMENT:  Visa  MasterCard  American Express \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Enclosed is my check for \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_

## PLEASE MAKE CHECKS PAYABLE TO:

MIGCSA  
3225 W. St. Joseph  
Lansing, MI 48917  
www.migcsa.org