

Everglades GCSA Application for Membership, 2010-2011

OFFICE USE ONLY — processed on _____ check# _____

DATE: _____

New Member

Member Renewal

* **Classification: AF**

GCSAA # _____

Work Phone: _____

Name: _____

Fax: _____

Title: _____

Mobile Phone: _____

Company: _____

E-Mail: _____

Work Address: _____

Website: _____

Application Deadline July 31st, 2010

Sponsorship Levels:

PLATINUM SPONSOR \$1,500

4 Individual Memberships

Recognition as a PLATINUM Spons at all EGCSA Events with Logo*
Company Name Listed on Inside Front Cover of
Membership Directory
Recognition as a PLATINUM Sponsor on EGCSA Website with Link
PLATINUM Prepaid Membership Option \$2,280

GOLD SPONSOR \$1000

3 Individual Memberships

Recognition as an GOLD Sponsor at all EGCSA Events
Company Name Listed on Inside Front Cover of
Membership Directory
Recognition as an GOLD Sponsor on EGCSA Website with a Link
GOLD Prepaid Membership Option \$1,585

SILVER SPONSOR \$750

2 Individual Memberships

Recognition as a SILVER Sponsor at all EGCSA Events*
Company Name Listed on Inside Back Cover of
Membership Directory
Recognition as a SILVER Sponsor on EGCSA Website
SILVER Prepaid Membership Option \$1,140

BRONZE SPONSOR \$500

1 Individual Membership

Recognition as a BRONZE Sponsor at all EGCSA Events*
Company Name Listed on Inside Back Cover of
Membership Directory
Recognition as a BRONZE Sponsor on EGCSA Website
BRONZE Prepaid Membership Option \$695

Please include all additional member names and addresses for Platinum, Gold and Silver Sponsorship on attached form.

***- Sponsorship covers all EGCSA events except the POA Annuu Weekend and Spring Symposium**

Please Indicate Level of Sponsorship below (circle one):

Platinum	\$1,500	Platinum Prepaid	\$2,280
Gold	\$1,000	Gold Prepaid	\$1,585
Silver	\$750	Silver Prepaid	\$1,140
Bronze	\$500	Bronze Prepaid	\$695

The 2010-2011 pre paid meetings are as follows: August, November, and March. For more details on these events please check the calendar on our website www.evergladesgcsa.com

Payment Options: Check or Money Order: Make check payable to the **FGCSA** and include your **NAME** on the check.
PLEASE Mail your application to **Jennifer Innes** at this **NEW ADDRESS** below. If you have any questions feel free to contact Jennifer at (800) 732-6053.

FGCSA, P.O. Box 65, Jensen Beach, FL 34958

* **Class AF – Affiliate.** To qualify for an Affiliate Membership, an applicant must be an employee of a business firm interested in golf course management and/or in the growing or production of fine turfgrass, either individually or through employment by, or other affiliation with, a company, proprietorship or association who does not qualify for membership in another class.

Direct all local inquiries to David Dore-Smith, Membership Chairman @ ph: 239-495-1415 fax: 239-495-1463 or visit www.evergladesgcsa.com

Your signature below indicates that you have completed this form in a true and accurate manner to the best of your ability; furthermore, You certify that you will observe the Bylaws and the Code of Ethics of the Everglades Golf Course Superintendents Association.

★ **APPLICANT SIGNATURE:** _____

DATE: _____

Everglades GCSA Application for Membership, 2010-2011

Additional AF Individual Memberships

Please add your additional membership names here according to the type sponsorship levels. Be sure to add mailing addresses of each individual in order for them to receive mailings.

GCSAA #	_____	Work Phone:	_____
Name:	_____	Fax:	_____
Title:	_____	Mobile Phone:	_____
Company:	_____	E-Mail:	_____
Work Address:	_____	Website:	_____

GCSAA #	_____	Work Phone:	_____
Name:	_____	Fax:	_____
Title:	_____	Mobile Phone:	_____
Company:	_____	E-Mail:	_____
Work Address:	_____	Website:	_____

GCSAA #	_____	Work Phone:	_____
Name:	_____	Fax:	_____
Title:	_____	Mobile Phone:	_____
Company:	_____	E-Mail:	_____
Work Address:	_____	Website:	_____

GCSAA #	_____	Work Phone:	_____
Name:	_____	Fax:	_____
Title:	_____	Mobile Phone:	_____
Company:	_____	E-Mail:	_____
Work Address:	_____	Website:	_____

Your signature below indicates that you have completed this form in a true and accurate manner to the best of your ability; furthermore, You certify that you will observe the Bylaws and the Code of Ethics of the Everglades Golf Course Superintendents Association.

★ **APPLICANT SIGNATURE:** _____ **DATE:** _____