

Membership Application



Please **FULLY** complete the following form.

With a check payable to **NWIGCSA**

Mail to: **Rich Hardman, Executive Secretary / P.O. Box 6182, Rockford, IL. 61125**

Credit Card Payment can be made at www.nwigcsa.org

\$65.00 by February 1st 50% discount for assistant whose Superintendent's are members

\$85.00 After February 1st

Name _____

Last

First

Middle Initial

Business/

Club Name _____

Street

City & State

Zip Code

Phone # (____) _____ (____) _____
Work Home

Fax # (____) _____ **E-Mail** _____

All Mailing will go to Business, unless specified below.

Alternative Address: _____

Membership Status: Have you been a member of either the NWIGCSA or the GCSAA since 1996? _____

- ____ (A) Superintendent (more than 3 years and fulfilling needed credits)
- ____ (B) Superintendent Member (less than 3 years or not fulfilling A credits)
- ____ (C) Assistant Superintendent
- ____ (D) Golf Course Owner
- ____ (E) Distributor/Vendor
- ____ (F) Honorary

GCSAA membership number _____ **Are you certified?** _____

Would you be interested in serving on one of the following NWIGCSA standing committees? Mark any that you would serve on.

- () Monthly meetings and Education () Newsletter () Nominating () Long Range Planning
- () Membership and Outreach () Scholarship () Communication

Important:

How would you like to receive you issue of the TurfGrass Time?

Please check your desired method.

_____ **U.S. Mail**

_____ **E-mail PDF**