

Signature of professor/superintendent sponsor

Intermountain GCSA P.O. Box 572583 Murray, Utah 84157 Phone: (801) 282-5274

Email: <u>intermountaingcsa@gmail.com</u>

Website: www.igcsa.org

Facebook: https://www.facebook.com/IGCSA Twitter: https://twitter.com/IGCSA

> For Office Use Only Date Received:

> > College/University

Date

Membership Application

(Please	e Print Clearly)	Member #:	
Name:		Payment Amount:	
Course or Company:		Type:	16
Home Address	V	Vork Address	
(For official IGCSA mailings & UGA GHIN handicaps)	(Members	ship directory information)	
Address:	· ·		
City State Zip	City	State Zip	
Cell Phone: ()	Work Phone: ()	-	
Home Phone: ()			
Birth Date: Spouse's Name:			
Email:	Biog/Taccook/ctc		
Email.			
<u>Disclaimer</u> : Only the info in the <u>Work Address</u> field will be shared on The <u>Home Address</u> field is for IGCSA purposes, UGA handicaps and i		a.org and printed in the memb	er directory
Date Started Present Position Title of Position	Тур	be of Course	
Number of Holes			
	Recertification Date cide License Expiration Date ce)		
A Meeting all GCSAA requirements outlined in the bylaws		\$130.00	
B Meeting all GCSAA requirements outlined in the bylaws		\$130.00	
<u>C</u> Assistant Superintendent <u>MUST</u> currently work at a golf course as an assi	stant to the superintendent	\$105.00	
<u>D</u> Individual Commercial/Allied/Supplier (non-sponsor)		\$180.00	
E Educator		\$30.00	
$\underline{\mathbf{F}}$ Golf Course employee other than superintendent or assistant or in the field of growing large areas of turf		\$105.00	
S Student (must be enrolled in a program that is based around turfgrass management.)		\$30.00	
R Retired must have retired as a golf course superintendent		Comp.	
To be classified as a C or F one must have their membership attested for by a	superintendent or membership will n	ot be granted.	
Signature of superintendent sponsor Name of sponsor		Date	
To be classified as an S one must have their professor/superintendent attests the	nat they are a student in a turf related	program or membership will not b	e granted.

Name of sponsor

the forms and attached the proper payment for member	•	dents Association (IGCSA) and have filled out
the joints and and energy me proper payment joint memore	rship. I understand that our men	mbership year is April 1 through March 31.
Name	Signature	Date
Class A, SM, and C members:		
Please complete this form if you would like your Green	s Chair, Golf Professional or oth	er management to receive our biannual Greens
Examiner publication.		
Name Title	Email	
UGA Issued Handicap:		
Are you a current UGA member? Yes No (circle or	ne)	
If yes, GHIN number:		
Have you ever had a GHIN number during the past 2 years	ears? Yes No (circle one)	
If yes, what was your GHIN number?	-	
(Please ensure you fill out the sections above: home a	ddress, email, date of birth and j	phone number). Failure to provide these
could result in delay of official handicap.		
*** VOLUNTEER OPPORTUNITIES*** Are you into	erested in volunteering for a com	nmittee or task group of the association?
Yes I'm interested in assisting with: (i.e. website		
	management, government retations, writ	ting articles, photography, etc.)
	management, government retations, writ	ting articles, photography, etc.)
	management, government retations, wri	ting articles, photography, etc.)
Payment Form:		ting articles, photography, etc.)
		ting articles, photography, etc.)
Payment Form:		ting articles, photography, etc.)
Payment Form: Member Classification: Total Amount: \$	eted forms.	
Payment Form: Member Classification: Total Amount: \$ Checks: Make payable to IGCSA and mail with complete Credit Card: Visa MasterCard American	eted forms. Express Other	
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Please mail completed forms to:

IGCSA P.O. Box 572583 Murray Utah, 84157

Scan & email the forms and payment to: intermountaingcsa@gmail.com