



Intermountain GCSA
 P.O. Box 572583
 Murray, Utah 84157
 Phone: (801) 282-5274
 Email: intermountaingcsa@gmail.com
 Website: www.igcsa.org
 Facebook: <https://www.facebook.com/IGCSA>
 Twitter: <https://twitter.com/IGCSA>

Membership Application
 (Please Print Clearly)

Name: _____
 Course or Company: _____

For Office Use Only
 Date Received:
 Member #:
 Payment Amount:
 Type: 18

Home Address

(For official IGCSA mailings & UGA GHIN handicaps)

Address: _____

City State Zip

Cell Phone: (____) _____ - _____
 Home Phone: (____) _____ - _____
 Birth Date: _____ Spouse's Name: _____
 Email: _____

Work Address

(Membership directory information)

Address: _____

City State Zip

Work Phone: (____) _____ - _____
 Email: _____
 Blog/Facebook/etc.: _____

Disclaimer: Only the info in the Work Address field will be shared on the "members only" area of igcsa.org and printed in the member directory. The Home Address field is for IGCSA purposes, UGA handicaps and is there to better serve you.

Date Started Present Position _____ Title of Position _____ Type of Course _____
 Number of Holes _____

Are you currently a member of the National GCSAA? Yes No National GCSAA Class & Member Number _____
 Are you a GCSAA Certified Superintendent? Yes No Next Recertification Date _____
 Are you a licensed pesticide applicator? Yes No Pesticide License Expiration Date _____

IGCSA Classifications and Dues: (please circle proper choice)

- | | |
|---|----------|
| A Meeting all GCSAA requirements outlined in the bylaws | \$130.00 |
| B Meeting all GCSAA requirements outlined in the bylaws | \$130.00 |
| C Assistant Superintendent MUST currently work at a golf course as an assistant to the superintendent | \$105.00 |
| D Individual Commercial/Allied/Supplier (non-sponsor) | \$180.00 |
| E Educator | \$30.00 |
| 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 not be granted.

 Signature of superintendent sponsor Name of sponsor Date

To be classified as an S one must have their professor/superintendent attest that they are a student in a turf related program or membership will not be granted.

 Signature of professor/superintendent sponsor Name of sponsor Date College/University

I hereby make application for membership to the Intermountain Golf Course Superintendents Association (IGCSA) and have filled out the forms and attached the proper payment for membership. **I understand that our membership year is April 1 through March 31.**

Name Signature Date

Class A, B, and C members:

Please complete this form if you would like your Greens Chair, Golf Professional or other management to receive our biannual Greens Examiner publication.

Name _____ Title _____ Email _____

UGA Issued Handicap:

Are you a current UGA member? Yes No (circle one)

If yes, GHIN number: _____

Have you ever had a GHIN number during the past 2 years? Yes No (circle one)

If yes, what was your GHIN number? _____

(Please ensure you fill out the sections above: home address, email, date of birth and phone number). Failure to provide these could result in delay of official handicap.

***** VOLUNTEER OPPORTUNITIES***** Are you interested in volunteering for a committee or task group of the association?

Yes _____ I'm interested in assisting with: (i.e. writing articles, tournament organization, scholarships & awards, education, communication, membership outreach.)

Payment Form:

Member Classification: _____ Total Amount: \$ _____

Checks: Make payable to IGCSA and mail with completed forms.

Credit Card: Visa MasterCard American Express Other _____

Name on Card: _____

Address of Card: _____

Credit Card Number: _____

Expiration Date: _____ CVC Code on Card: _____

Email for Receipt of Charges: _____

Signature of Cardholder: _____ Date: _____

Please mail completed forms to:

**IGCSA
P.O. Box 572583
Murray Utah, 84157**

Scan & email the forms and payment to:

intermountaingcsa@gmail.com