- **7. Networking** and other peer counseling services, such as the website (www.ggcsa.com) and Employment/Employer Referral Service.
- **8. Information** on current governmental issues including water/drought situations, chemical restrictions and environmental legislation.
- **9. Georgia Golf Environmental Foundation, Inc.** is a foundation of the GGCSA, its purpose is for the advancement of education and research in the field of turfgrass improvement and management.

Membership in the GGCSA is open to any individual directly involved in the turf industry, primarily golf course superintendents, assistants and employees of members, but also manufacturers, distributors, educators, turf maintenance professionals, turfgrass students and specialists. Membership classifications are assigned according to the GGCSA bylaws.

... the rest is up to you!

ACT NOW to join the Georgia Golf Course Superintendents Association!

A Professional Golf Course Superintendent:

Conducts business and personal relationships in a fair and honorable manner.

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Serves the profession, community and employer with pride.

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Seeks to keep current with new information, techniques and materials relative to turf and golf course management.



Acts with environmental responsibility in turf management practices.

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Becomes more valuable as a professional through education, training and networking with peers.



Georgia Golf Course Superintendents Association

GGCSA PO Box 310 161 E. Howell Street Hartwell, GA 30643 Phone: (706) 376-3585

Fax: (706) 376-7573 www.ggcsa.com



Georgia Golf Course Superintendents Association Membership Application

- 1. **Membership** in a premier statewide association that links golf course and turf management professionals, manufacturers and educators all with your best interests in mind.
- **2. Education** through an array of workshops, field days, management seminars and continuing education courses. Technical tips and maintenance solutions are just a phone call away.
- **3. Fellowship** with golf and turf pros like yourself, through monthly golf outings, social events and the chance to play golf courses throughout Georgia.
- **4. Conferences** to educate, enlighten and entertain, including the GGCSA Annual Meeting each fall and the Summer Conference.
- **Publications** filled with tips, information and features, including the bimonthly award-winning magazine *Through the Green* and annual GGCSA Membership Directory.
- **6. Stewardship** of the environment and support for educational programs and turf research programs through the Georgia Golf Environmental Foundation, Inc.

Personal Information	Employment History
Name: ☐ Mr. ☐ Ms.	1. Employer:
	Position:
Date of Birth (mm/dd/yy):	Dates Employed:
Marital Status (M/S):	2 Employer
Spouse's name:	Position:
	Dates Employed
	3. Employer:
Controllaformetter	Position:
Contact Information	Dates Employed:
Home Address	Destiside Lisense Number
Street or PO Box:	Pesticide License Number: GCSAA (National) Membership Number:
City, State, Zip:	Previous member of GGCSA? See See No
Phone: ()	
Mobile/Cell: ()	
E-mail:	
Business Address	
Name of Business:	Would you like to volunteer your time/talents on a Committee?
Street or PO Box:	☐ Yes ☐ No ☐ Please send more information.
City, State, Zip:	
Phone: ()	I hereby make application for membership in the Georgia Golf Cours
Fax: ()	Superintendents Association. Teerthy that an information submitted
	this application is true and, it accepted as a member, agree to ablue
Send my mail to: ☐ Home ☐ Business	the Code of Ethics of the Association.
(if neither is checked, mail will be sent to home)	Signature:
(if fielther is checked, filall will be sent to nome)	Date:
Command Franciscome and Information	
Current Employment Information	Attested by:
Title/Position:	GGCSA Number:
Date Employed:	Date:
Nature of Business (select one):	
☐ Club (Number of Holes:)	ENCLOSED IS PAYMENT OF \$
☐ Public ☐ Private ☐ Other	Member status: ☐ Individual (\$140.00) ☐ Student (\$35.00)
☐ Education:	METHOD OF PAYMENT:
☐ Organization:	☐ Check #
☐ Manufacturer of:	☐ Credit Card (\$5 processing fee)
☐ Distributor of:	☐ Visa ☐ Mastercard ☐ AmEx
☐ Consultant for:	Card Number:

Exp. date:_____