

# Georgia Golf Course Superintendents Association Reclassification Request

This form is the official request for membership reclassification within the Georgia Golf Course Superintendents Association. Please fill in completely, giving exact dates (month, day and year), exact title of your present and past positions, etc. Incomplete forms will not be considered.  
Send to: GGCSA; PO Box 310; Hartwell, GA 30643; Fax: (706) 376-7573.

Should you have any questions, please call (706) 376-3585 or write to the above address. You may also consult your current GGCSA Bylaws booklet for exact regulations on the various requirements for all classes of membership in the Georgia Golf Course Superintendents Association.

## OFFICIAL REQUEST FOR MEMBERSHIP RECLASSIFICATION

Date \_\_\_\_\_

I hereby make official application to change my present GGCSA membership classification.

Current Classification Number: \_\_\_\_\_ Change to Class: \_\_\_\_\_

Name \_\_\_\_\_

Club \_\_\_\_\_

Club Address \_\_\_\_\_

Position \_\_\_\_\_

Position(s) held since last classification (Club, exact title, dates, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New address or phone number since last classification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide new information:

Mailing address: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current dues paid? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for requesting change in membership classification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Membership Chairman