



MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____ JOB POSITION: _____

NAME _____ CLUB/COMPANY _____

ADDRESS _____ CITY/ST/ZIP _____

OFFICE PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ GCSAA MEMBERSHIP # _____

Membership Dues by Classification

Class	Dues
A - Superintendent (more than 3 yrs.).....	\$75.00
Superintendent Member (less than 3 yrs.)..	\$75.00
C - Assistant Superintendent.....	\$50.00
Associate (mechanics, spray techs).....	\$100.00
E - Educators.....	N/C
AA - Retired.....	\$25.00
Affiliate (suppliers, industry reps).....	\$100.00

I hereby make application for membership in the GCSA of Arkansas and have enclosed my dues for the calendar year in the amount of \$ _____ for a Class _____ membership.

Signature

Please send application with payment to:
GCSA of Arkansas
P.O. Box 185