Carolinas Golf Course Superintendents Association
Reclassification Form

This form will serve as an official request for membership reclassification in the Carolinas Golf Course Superintendents Association. Send the completed form to Carolinas GCSA, P. O. Box 210, Liberty, SC 29657-0210, or FAX: (864) 843-1149. If you have any questions, please contact the Carolinas GCSA at 1-800-476-4272.

I hereby make official application to change my Carolinas GCSA membership classification from Class_____to Class_____.

Name_____ Member #_____

Home Address_____Telephone _____

City _____ State _____ Zip _____

Title or Position _____

Club/Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax #_____

Preferred Mailing Address: Club/Company _____ Home _____

Type of Golf Course: Daily Fee/ Public_____Semiprivate _____ Private _____
Resort _____ City/State/Military/Municipal _____

Number of Holes: 9 _____ 18 _____ 27 ____ 36 _____ Other _____

POSITIONS HELD (Include current Employment)

From Mo. & Yr.	To Mo. & Yr.	Title	Place of Employment, City & State

REASON FOR REQUESTING CHANGE IN CLASSIFICATION: _____

_____

Date _____

Signature_____

OFFICE USE ONLY
PRESENT CLASS _____ CURRENT DUES PAID _____
REQUESTED CLASS _____ RECOMMENDED/REJECTED