OUNSE SUPERIMIE	Carolinas Golf Course Superintendents Association P.O. Box 210 Liberty, SC 29657-0210 800-476-4272 / 864-843-1149 (Fax) www.carolinasgcsa.org				For Office Use Only Class Member # Amount Pd. Entered Note	
	Mem	bership App	Distion			
Last Name	First Name		Middle Name	_	Preferred Name	
	me		_	Date of Birth		
Home Mailing	g Information		Club or Company Mailing Information			
Home Maili		Club or Company Mailing Address				
City Sta	ate Zip		City	State	Zip	
Home Phone	Home Fax		Work Phone	_	Work Fax	
Job Title			Mobile Phone		Club/Co. Phone	
Preferred Mailing Location: Home Club/Co. GCSAA Class & Number: The Carolinas GCSA is an Affiliate Chapter of the Golf Course Superintende of America (GCSAA) and all Class A or B Member Applicants must also be a						
Employment History Prior to Curren		st also de a membe	er of GCSAA.	rears in Cur		
	To: Mo. & Yr.	Title		Place of I	Employment	
See reverse for an explanation of Dues: Class A \$200; Class B \$2	200; Class C \$100; Class AF \$	200; Class AS \$10	0; Student \$30; Class AF1	\$440; Class Al	F2 \$880; Class AF3 \$1300	
I hereby apply for membership in th oneyear. I understand that this app my dues remittance will be refunded association.I also affirm that I have	blication will be reviewed by a red d. If accepted for membership read, understand and will abide	epresentative of the I agree to observe e by the associatio	e board of directors and if r and abide by the Constitut n Code of Ethics on the rev	ejected for any ion and By-law verse side of thi	s of the is application.	
Credit Card # (We accept Visa, Ma	sterCard & Discover)	*If paying by	credit, provide 3 digit v-co	de located on b	ack of card in signature strip	
Name on Credit Card			Attester Signature			
Expiration Date			Attester Printed Name			
		CGCSA or GCSAA Class & Member #				
North and South Carolina Applicant Association. Out of state applicants of America.						