



2009-2010

CGSA MEMBERSHIP REINSTATEMENT APPLICATION FORM

(PLEASE FILL OUT THIS FORM)

PLEASE PRINT— this form must be fully completed or it will be returned to you to obtain missing information

Previous CGSA Membership Number: _____ what was the last year you were a member? _____

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Current Position: _____

Date Started: _____

Previous Position: _____

of Years in position: _____

Re-Applying as Membership Category: _____

Preferred Mailing Address: (please check) Home or Business

CGSA MEMBERSHIP CATEGORY RE-INSTATEMENT INFORMATION:

All Superintendent and Assistant Superintendent members must provide a valid pesticide license to CGSA in order to maintain their current membership status. *If CGSA does not receive your pesticide license, you will be subject to mandatory reclassification to Associate Status.*

*NOTE: *HST applies to NL, NS, NB only. GST applies to all others**

To re-apply as a "Superintendent" member you must have completed at the time of application for membership, a minimum of one years of experience as a golf course superintendent and your current employment must be in the position of superintendent with full and complete responsibility for the day to day maintenance and operation of the golf course. You must send a copy of your valid pesticide license with your application. Current dues for a Superintendent member is: \$413.00 plus \$20.65 (**\$433.65**) or \$5369 HST (**\$466.69**)

To re-apply as an "Assistant Superintendent" member you must have at least one (1) year's experience as an Assistant Golf Superintendent and you must send a copy of your valid pesticide license with your application. Current dues for Assistant Superintendent member is: \$324.00 plus \$16.20 GST (**\$340.20**) or \$42.12 HST (**\$366.12**).

"Inactive" status is available for a one year period only. Please reclassify above or enclose a letter to our Board of Directors requesting an extension of Inactive Status.

"Industry Affiliate" membership is for the primary or first member from your company. Each additional member from the same company will have a classification as "Industry Affiliate 2" membership at a rate of \$65.00 plus \$3.25 GST (**\$68.25**) or \$8.45 HST (**\$73.45**).

"Student" Members must be enrolled as a full-time student in a turfgrass program approved by the Board of Directors and have the signature of the Head of their Turf/Golf Program to confirm full time attendance.

MEMBER ACKNOWLEDGEMENT:

I acknowledge that all the information on this form is correct.

Signature

PRIVACY ACT:

The information contained on this renewal form is used for CGSA records and/or certain benefits CGSA provides.

Important: No application will be considered without dues enclosed or valid credit card information.

CANADIAN GOLF SUPERINTENDENTS ASSOCIATION – 2009-2010 MEMBERSHIP APPLICATION FORM

CGSA MEMBERSHIP YEAR: JULY 1ST – JUNE 30TH

PLEASE PRINT—This form must be fully completed or it will be returned to you to obtain missing information.

Mr. Mrs. Ms. First Name: _____ Surname: _____ Date of Birth (MM/DD/YY): _____

Check desired mailing address: Primary (home): Secondary (business):

Home (primary) Address: _____ City: _____ Prov: _____

Postal Code: _____ Telephone: () _____ Fax: () _____ E-Mail _____

Course/Company/College/University: _____ Title: _____

Business (secondary) Address: _____ City: _____ Prov: _____

Postal Code: _____ Telephone: () _____ Fax: () _____ E-Mail _____

Have you been a CGSA member before? Yes No if yes, what was the last year you were a member? _____

Who referred you to CGSA? (Member Name): _____

All Applications applying as Superintendent as well as Assistant Superintendent members MUST submit a copy of their valid pesticide license with their application in order to receive approval. Failure to do so will result in your application being denied approval.

EMPLOYMENT HISTORY: ALL APPLICANTS – PLEASE FILL IN THIS SECTION (EXCEPT STUDENTS)

CURRENT EMPLOYER:	POSITION:	PROVINCE:	JOIN DATE:
Employer: _____	Title: _____	City & Province _____	Start Date in this Position: _____

PREVIOUS EMPLOYMENT HISTORY (fill in the same as above):

Highest Level of Education: _____

Superintendent & Assistant Superintendent Members MUST include a copy of their Pesticide License with this application.

Pesticide License Number: _____ Pesticide License Expiry Date: (MM/DD/YYYY) _____

STUDENTS ONLY – FILL IN THIS SECTION: Course Start Date: _____ Graduation Date: _____

Student members require the signature of the head of their CGSA-approved program

Attester's signature: _____ Print Name: _____ Date Attested: _____

I hereby make application for membership in the CGSA as a(n) _____ member. I certify that all information herein is true and correct. If accepted as a member, I agree to be bound by CGSA's bylaws and code of ethics. I acknowledge that \$12.00 of my dues be allocated for a subscription to GreenMaster as part of my membership. I will notify CGSA if I don't want to receive GreenMaster magazine. I will also notify CGSA of any changes in my address or membership status as well as if I wish to include my personal information in the Membership Directory.

Date of Application (MM/DD/YY)

Signature of Applicant

PAYMENT INFORMATION

DUES: (see Dues amount on other side)
include 5% GST or 13% HST*: \$ _____
HST applies to NL, NS, NB only. GST applies to all others
TO ORDER A MEMBERSHIP PLAQUE
ADD \$50.00 \$ _____

Plus include 5% GST or 13% HST*: \$ _____

Ontario residents must also add \$3.60 PST
on Plaque order only \$ _____

SUBTOTAL: \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

PAYMENT ENCLOSED BY:
Cheque Money Order Cheque # _____

MC Visa Amex

Credit Card #: _____

Name on Card: _____

Expiry Date on Card: _____

Signature: _____

5520 Explorer Drive, Suite 205
Mississauga, ON L4W 5L1
TEL: (800) 387-1056 / 905-602-8873 Ext. 226
Fax: 905-602-1958 E-mail: lmicucci@golfsupers.com
Website: www.golfsupers.com

Contact Member Services if you do wish to have your
personal listing published in the Directory.

Please allow 4-6 weeks for processing of new membership
applications.



For Office Use Only:

Join Date: _____

Membership Classification
& ID # _____

Approved by Regional Director: _____

Kit Mailed: _____