



Canadian Golf Superintendents Association (CGSA)

To apply for membership online please visit: www.golfsupers.com

MAIL Completed form to: CGSA 201-5399 EGLINTON AVE WEST, ETOBICOKE ON M9C 5K6

FAX Completed form to: 416-626-1958 ~ EMAIL: Lori Micucci at: lmicucci@golfsupers.com

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

Questions: Contact Lori Micucci at: 1-800-387-1056/416-626-8873, ext. 226, or lmicucci@golfsupers.com

Canada's anti-spam legislation (CASL) became effective July 1, 2017. By checking the * box, you agree to receive electronic messages from the CGSA.

2018-2019 CGSA MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS APPLICATION AND CHECK PREFERRED MAILING ADDRESS

| | | | | | |
|--|--|--|--|--------------------------------|--|
| Full Name: | | | | | |
| Employer/School: | | Position: | | | |
| Business Address: | | | | | |
| City: | | Province: | | PC: | |
| Home Address: | | | | | |
| City: | | Province: | | PC: | |
| Check Preferred Mailing <input type="checkbox"/> : | | Business: <input type="checkbox"/> | | Home: <input type="checkbox"/> | |
| Business Tel: | | Home Tel: | | Cell: | |
| E-Mail Address: <input type="checkbox"/> * | | <input type="checkbox"/> * | | | |
| Pesticide License Number: | | Expiry Date MM/DD/YY: | | | |
| Birthdate: MM/DD/YY | | Student's to Complete Graduation Date: | | MM/DD/YY: | |
| Number of Years in Current Position: | | Highest Level of Education: | | | |
| Have you been a CGSA Member before? If so What Year: | | Who referred you to the CGSA? Member Name: | | | |
| Date of Application MM/DD/YY | | Signature of Applicant: | | | |

CGSA MEMBERSHIP CATEGORIES & RATES:

NOTE: * SUPERINTENDENT & * ASSISTANT MEMBERS MUST FILL IN THEIR PESTICIDE LICENSE NUMBER AND EXPIRY DATE ABOVE

***2018-2019 MEMBERSHIP FEES**

Membership From July 1, 2018 – June 30, 2019

ONTARIO HST APPLIES TO ALL MEMBERS HST# 100765106

| MEMBERSHIP CATEGORIES | Category Description | FEE | 13% HST | TOTAL |
|--|--|----------|---------|----------|
| * SUPERINTENDENT: <small>Must complete Pesticide Information above</small> | Must be in the position of superintendent with full and complete responsibility for the day to day maintenance and operation of the golf course. | \$366.00 | \$47.58 | \$413.58 |
| GOLF COURSE MANAGEMENT: | Must have at least 5 years as a golf course superintendent, having been in full and complete control of the day to day maintenance and operation of a golf course and who has moved on to assume another senior management position. | \$366.00 | \$47.58 | \$413.58 |
| * ASSISTANT SUPERINTENDENT: <small>Must complete Pesticide Information above</small> | Must currently hold the position of assistant superintendent at a golf course. | \$291.00 | \$37.83 | \$328.83 |
| GOLF COURSE MAINTENANCE: | Must currently be a staff member on a golf course who does not qualify under any of the other membership categories. | \$234.00 | \$30.42 | \$264.42 |
| GOLF EQUIPMENT TECHNICIAN: | Must currently hold the position of golf equipment technician at a golf course. | \$211.00 | \$27.43 | \$238.43 |
| ASSOCIATE: | Must be one who is sufficiently interested in the profession of turf-growing and management to work for the benefit of the Association. | \$347.00 | \$45.11 | \$392.11 |
| INDUSTRY AFFILIATE: | Must be doing business in the turfgrass industry and is the primary member. | \$468.00 | \$60.84 | \$528.84 |
| INDUSTRY AFFILIATE 2: | Employees from the same company may join after the primary industry member | \$78.00 | \$10.14 | \$88.14 |
| STUDENT: | Must be enrolled as a full-time student in a turfgrass program approved by the Board of Directors (Students can maintain their classification for one year after graduating). | \$37.00 | \$4.81 | \$41.81 |

PAYMENT INFORMATION:

| | | | |
|---------------|------------|------|------|
| CHEQUE # | MASTERCARD | AMEX | VISA |
| NAME ON CARD: | | | |
| CARD # | | | |
| EXPIRY: | MM | YY | |
| SIGNATURE: | | | |

MEMBERSHIP APPLICATION FOR:

| MEMBER CATEGORY | AMOUNT: |
|--|--|
| APPLYING AS A: | \$ |
| ADD A MEMBERSHIP PLAQUE | ADD \$62.15 (this amount includes HST) \$ |
| I WISH TO MAKE A DONATION TO THE CGSA SCHOLARSHIP FUND | ADD THE AMOUNT YOU WOULD LIKE TO DONATE \$ |
| I WISH TO MAKE A DONATION TO THE CANADIAN TURFGRASS RESEARCH FOUNDATION (CTRF) | ADD THE AMOUNT YOU WOULD LIKE TO DONATE \$ |
| SUBTOTAL | \$ |
| TOTAL AMOUNT SUBMITTED: | \$ |

FOR OFFICE USE ONLY

| |
|------------------------|
| MEMBERSHIP CATEGORY: |
| MEMBERSHIP ID NUMBER: |
| JOIN DATE (MM/DD/YY/): |