



**Canadian Golf Superintendents Association (CGSA)**

To apply for membership online please visit: [www.golfsupers.com](http://www.golfsupers.com)

MAIL Completed form to: CGSA 2605 Summerville Court, Unit #A2082 Mississauga, ON L4X 0A2

FAX Completed form to: 416-626-1958 ~ EMAIL: Lori Micucci at: [lmicucci@golfsupers.com](mailto: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. 27, or [lmicucci@golfsupers.com](mailto: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 PRO-RATED 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 PRO-RATED MEMBERSHIP FEES**

CGSA Membership Year is From July 1, 2018 – June 30, 2019  
ONTARIO HST APPLIES TO ALL MEMBERS HST# 100765106

MEMBERSHIP CATEGORIES	Category Description	FEE	13% HST	TOTAL
<b>*SUPERINTENDENT:</b> <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.	\$183.00	\$23.79	\$206.79
<b>GOLF COURSE MANAGEMENT:</b>	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.	\$183.00	\$23.79	\$206.79
<b>*ASSISTANT SUPERINTENDENT:</b> <small>Must complete Pesticide Information above</small>	Must currently hold the position of assistant superintendent at a golf course.	\$145.50	\$18.92	\$164.42
<b>GOLF COURSE MAINTENANCE:</b>	Must currently be a staff member on a golf course who does not qualify under any of the other membership categories.	\$117.00	\$15.21	\$132.21
<b>GOLF EQUIPMENT TECHNICIAN:</b>	Must currently hold the position of golf equipment technician at a golf course.	\$105.50	\$13.72	\$119.22
<b>ASSOCIATE:</b>	Must be one who is sufficiently interested in the profession of turf-growing and management to work for the benefit of the Association.	\$173.50	\$22.56	\$196.06
<b>INDUSTRY AFFILIATE:</b>	Must be doing business in the turfgrass industry and is the primary member.	\$234.00	\$30.42	\$264.42
<b>INDUSTRY AFFILIATE 2:</b>	Employees from the same company may join after the primary industry member	\$78.00	\$10.14	\$88.14
<b>STUDENT:</b>	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):