

MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE

FORM MUST BE FILLED OUT COMPLETELY, CORRECTLY AND SIGNED BEFORE PROCESSING

A

NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____

CLUB/COMPANY _____

CLUB/COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE NUMBER _____ FAX _____

E-MAIL _____

SEND MAIL TO: HOME BUSINESS PLEASE CHECK ONE

SPOUSE'S NAME _____

HAVE YOU BEEN A MEMBER OF MGCSA BEFORE? ___ YES ___ NO PLEASE CHECK ONE

REINSTATEMENT TO THE MGCSA? ___ YES ___ NO PLEASE CHECK ONE

ARE YOU A CURRENT MEMBER OF THE GCSAA? ___ YES ___ NO PLEASE CHECK ONE
(See Section E)

DO YOU HAVE A STATE PESTICIDE APPLICATORS LICENSE? ___ YES ___ NO PLEASE CHECK ONE

PLEASE FILL IN LICENSE NUMBER

B

APPLYING FOR CLASS: PLEASE CHECK ONE

\$ 80.00 ___ CLASS A SUPERINTENDENT FOR MORE THAN THREE YEARS.

\$ 80.00 ___ CLASS B SUPERINTENDENT FOR LESS THAN THREE YEARS.

\$ 80.00 ___ CLASS C ASSISTANT SUPERINTENDENT OF ANY COURSE.

\$ 30.00 ___ STUDENT STUDENT MEMBERSHIP. MUST BE ATTESTED BY INSTRUCTOR.

\$ 70.00 ___ CLASS D TECHNICIAN MEMBERSHIP.

NC ___ CLASS E APPLICANT MUST BE AN EDUCATOR OR EXTENSION OFFICER.

\$ 80.00 ___ ASSOCIATE ASSOCIATE MEMBERSHIP. NON-SUPERINTENDENT INVOLVEMENT IN THE GROWTH, MANAGEMENT OR PRODUCTION OF TURFGRASS.

\$165.00 ___ AFFILIATE AFFILIATE MEMBERSHIP. INVOLVED IN GOLF COURSE SUPPLIES AND EQUIPMENT.

PRESENT EMPLOYMENT POSITION _____

LENGTH OF SERVICE IN PRESENT POSITION _____

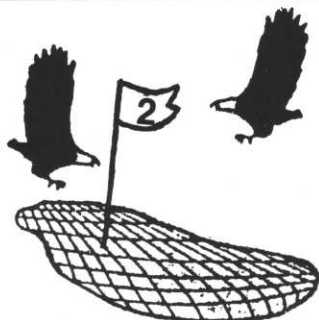
C

EACH APPLICANT FOR MEMBERSHIP IN THE ASSOCIATION SHALL FURNISH SATISFACTORY EVIDENCE OF HIS/HER QUALIFICATIONS TO THE EXECUTIVE BOARD BY COMPLETING ALL ITEMS ON THE APPLICATION FORM INCLUDING A RECOMMENDATION OR ATTEST FROM ONE QUALIFIED MEMBER OF M.G.C.S.A. THE APPLICANT MUST MAIL THIS FORM AND THE APPROPRIATE YEARLY DUES TO THE MEMBERSHIP CHAIRMAN. THESE STEPS MUST BE COMPLETED WITHIN SIX MONTHS OF DATE OF APPLICATION OR THE APPLICATION WILL BE DESTROYED AND NO MONEYS REFUNDED. THE INDIVIDUAL ATTESTING THIS APPLICATION MUST BE WILLING TO LEND VERBAL SUPPORT TO THIS APPLICANT.

THIS APPLICANT ATTESTED BY: _____ MGCSA CLASS _____

REPRESENTING (CLUB/FIRM NAME/SCHOOL) _____ PHONE _____

— OVER —



Mel Strand, CEO
35 years experience

**Double Eagle
Golf Construction**

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...Construct the New*

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Applications For 1999 MGCSA Scholarship Awards Are Available at the MGCSA Office

The MGCSA provides scholarships to students attending college or vocational programs at any accredited post secondary institution.

Scholarship recipients are selected on the basis of academic record, potential to succeed, leadership and participation in school and community activities, honors, work experience, a statement of education and career goals and an outside appraisal.

Questions regarding the scholarship program should be addressed to:

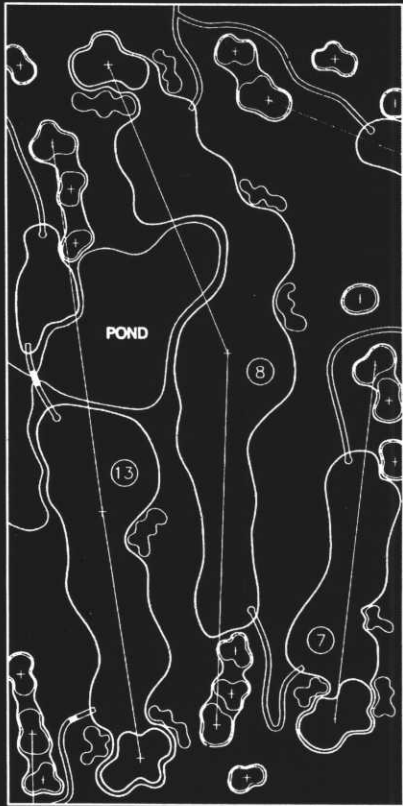
**MGCSA
Scholarship Committee**
240 Minnetonka Ave. So.
P.O. Box 617
Wayzata, MN 55391

* * *

Phone: (612) 473-0557
Toll Free: 1-800-642-7227
Fax: (612) 473-0576

Applications must
be postmarked by

July 1, 1999



GOLF COURSE ARCHITECTURE



(612) 942-0266 (612) 944-5888

Membership Application—

(Continued from Page 31)

MANDATORY SHORT RESUME OF APPLICANT'S PAST EMPLOYMENT OR EDUCATIONAL BACKGROUND:

I HEREBY APPLY FOR MEMBERSHIP IN THE MINNESOTA GOLF COURSE SUPERINTENDENTS' ASSOCIATION AND PROMISE TO ABIDE BY ALL THE BYLAWS AND RULES OF THE ASSOCIATION.

D

APPLICANT'S SIGNATURE _____ DATE _____

GCSAA MEMBERSHIP REQUIREMENT

NOTICE: As of July 1, 1997 all applicants for Class A or B membership must also be a member of the GCSAA.

Are you a current member of GCSAA? Yes No Member Number _____

If yes, how will you vote? With Chapter Individually

E

AMOUNT ENCLOSED \$ _____ PAYABLE TO MINNESOTA GOLF COURSE SUPERINTENDENTS' ASSOCIATION. ONE YEAR'S DUES MUST ACCOMPANY THIS APPLICATION. REFUNDS MADE IF APPLICANT IS NOT ACCEPTED. \$20.00 OF EACH MEMBERSHIP DUES APPLIES TO HOLE NOTES SUBSCRIPTION.

F

CHECK TO MAKE SURE SECTIONS **A** THROUGH **F** HAVE BEEN COMPLETED.

SEND TO: SCOTT TURPINEN
Executive Director - MGCSA
P.O. Box 617
Wayzata, MN 55391

(FOR OFFICE USE ONLY)

DATE APPLICATION RECEIVED _____

DATE APPLICATION APPROVED _____ SIGNATURE _____

CHECK: AMOUNT _____ NUMBER _____ DATE _____

BANK: NAME _____ ACCT. NAME _____ LOCATION _____

HAS YOUR ADDRESSED CHANGED?

Remember, if you have changed jobs or changed houses, the MGCSA would like to get your updated phone and address information to keep records current. The new membership roster will be printed in July 1999.