

Membership Application & Renewal 2017

Thank you for considering membership with South Texas, GCSA. Please contact us with any questions: 281-494-0094, fax 281-494-0094 or stgcsa@stgcsa.org. Visit our website at www.stgcsa.org



Credit Cards (MasterCard, Visa, AMEX) Accepted for payment. If payment by check, please make payable to South Texas GCSA. Mail to: PO Box 571923 – Houston, TX 77257

ADDRESS TO BE LISTED IN DIRECTORY

Classification Dues for 2017 (Check all that apply)

- | | |
|---|----------|
| <input type="checkbox"/> AA Life Member | Exempt |
| <input type="checkbox"/> Retired | Exempt |
| <input type="checkbox"/> A – GCSAA Class A Supt. | \$120.00 |
| <input type="checkbox"/> SM - Superintendent | \$120.00 |
| <input type="checkbox"/> C – Assistant Superintendent | \$120.00 |
| <input type="checkbox"/> F – Facility Membership | \$75.00 |
| <input type="checkbox"/> AS – Associate (Employee) | \$60.00 |
| <input type="checkbox"/> S – Student | \$25.00 |
| <input type="checkbox"/> AF – Affiliate (Vendor) | \$300.00 |
| | |
| <input type="checkbox"/> Scholarship Tourney (April) | \$440.00 |
| <input type="checkbox"/> Supt/Pro Tourney (August) | \$275.00 |
| <input type="checkbox"/> Educator | Exempt |
- *Sponsorship Packages Available-contact the office

Name

Title

Club or Company

Club Address

City State Zip

Work Ph #

Mobile#

Twitter ID

Email:
Is it OK to publish your email address, mobile and twitter id in the directory? Yes No

ADDRESS FOR NEWSLETTER IF DIFFERENT FROM ABOVE

Name

Street or P.O. Box Number

City State Zip

Name of Spouse:

- I am a Certified GC Superintendent. Yes ___ No ___

GCSAA Number

Your Birth Date: ___/___/___

How many years have you been a member: _____

Children: _____ Yr. Graduate: _____

As a member of this organization, I accept and fully agree to abide by the by-laws of South Texas GCSA, Inc.

Signature

This member fee entitles only the above applicant to the rights and privileges of membership in STGCSA, Inc.

Attesting Supt:

Attesting Supt: