



Hudson Valley Golf Course Superintendents Association

49 Knollwood Road, Elmsford, NY 10523
(914) 347-4653 Fax: (914) 347-3437 sodowd@mgagolf.org

FOR HVGCSA OFFICE USE ONLY	
Accepted for Membership: Date	_____
Disapproved for Membership: Date	_____
If rejected, reason:	_____
_____	_____
Secretary:	_____

APPLICATION FOR MEMBERSHIP

Name of Applicant: *(please print)* _____ Nickname _____
 Club or Company Name: _____ Wife's Name _____
 Address: _____ Telephone (____) _____
 City: _____ State: _____ Zip: _____
 Preferred Email: _____ Title or Position: _____

Home Address: _____ Telephone (____) _____
 City: _____ State: _____ Zip: _____
 2nd Email: _____ Cell () _____

PREFERRED MAILING ADDRESS: HOME BUSINESS EMAIL

Past Position(s) Held	Year -	- Year	Place of Employment	City	State

Member of Another Chapter? YES NO If Yes, Name _____
 Member of GCSAA? YES NO If Yes, I.D. # _____ Class _____
 Member of NYSTA? YES NO

I hereby make application for membership in the Hudson Valley Golf Course Superintendents Association, and, if accepted, agree to abide by the constitution and by-laws of the above named association.

HVGCSA Class Applied for: Class A (\$135) Class B (\$135) Class C (\$80) Affiliate (\$135)

Dues for one year \$ _____ must accompany this application.

Proposed by: _____ Club: _____

Seconded by: _____ Club: _____

Applicant's Signature _____ Date: _____