



Hudson Valley Golf Course Superintendents Association

49 Knollwood Road, Elmsford, NY 10523
(914) 909-4843

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: _____ Phone (____) _____
State _____ Zip _____ City _____ Email _____

Home Address: _____ Phone (____) _____
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)

Class EM (\$80)

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

Proposed by: _____ Club: _____

Seconded by: _____ Club: _____

Applicant's Signature _____ Date: _____