



MEMBERSHIP APPLICATION FORM

PEAKS & PRAIRIES GCSA
P.O. Box 807, Lolo, MT 59847
Tele/Fax: 406-273-0791 www.ppgcsa.org
lori@ppgcsa.org

Section I

Please type or print clearly

Name of Applicant/Primary Member _____	For Office Use Only:
Course/Company Name _____	Date Received:
Office Mailing Address _____	Memb. Number:
City, State, Zip _____	Payment
Office / Shop Phone: (____) _____ - _____	Date Started Present Position _____
Office / Shop Fax: (____) _____ - _____	Title of Position: _____
Office/ Shop Toll Free: (____) _____ - _____	E-mail address: _____
Cell/Mobile : (____) _____ - _____	Type of Course: _____ Number of Holes _____

I would prefer to receive all mailings at my: Home Address _____ Office Address _____

Are you a licensed pesticide applicator? _____ Yes _____ No Pesticide License Expiration Date _____

Are you a member of GCSAA? _____ **GCSAA Class & Membership Number:** _____

Are you a GCSAA Certified Superintendent? _____ Yes _____ No Next Recertification Date _____

Past Positions Held (Do NOT Include Present Position):

From	To	Place of	City &	Job
Mo. & Yr.	Mo. & Yr.	Employment	State	Title

Home Mailing Address _____

City, State, Zip _____

Home Phone (____) _____ - _____ Spouse's Name _____

Class	
AA (Charter)	\$ 95
A (Superintendent 3 years & over)	\$ 95
SM (Superintendent less than 3 years)	\$ 95
C (Assistant Superintendent)	\$ 95
FM (Facility Membership as defined in bylaws)	\$ 95
JS *Job Service Only	\$ 45
(Included in above classifications)	

Please complete Section I. IV

Class	
D (Allied/Commercial/Supplier)	\$ 110
*Please complete Section I, II, IV	
E (Student - requires signature)	\$ 30
*Please complete Section I, III, IV	
F (Professor / Former Class A, SM, or C member / Interested in in Turf Mgt / Course employees other than supers & assistants)	\$ 45

Please complete Section I. IV

