



WVGCSA
2115 Charleston Town Center
Charleston, WV 25389
(304) 391-5000



Applicant Information:

First	Middle	Last
Street or PO Box		
City, State, ZIP		
Phone		
Fax		
E-Mail		

Business Name
Street or PO Box
City, State, ZIP
Phone
Fax
E-Mail

Preferred mailing address: HOME _____ BUSINESS _____

Recommended by: _____

Business type: _____ Private _____ Public _____ Resort _____ Municipal _____ Lawn Care _____ Manufacturer/Distributor

Exact title of present position: _____

I have been employed at present employer: YEARS _____ MONTHS _____

Total length of time in industry: YEARS _____ MONTHS _____

Are you a member of the GCSAA? YES _____ NO _____

Classification _____ Member Number _____ CGCS YES _____ NO _____

***All class A and B members must be a member of the GCSAA!**

Would you like information sent to you for GCSAA membership? YES _____ NO _____

Both the member sponsoring the applicant and the applicant agree to appear before the Executive Committee if requested.

Proposed By
Business
Date

Seconded By
Business
Date

Former Employers
(list most recent employer first)

From: Mo. & Yr.:	From: Mo. & Yr.:
To: Mo. & Yr.:	To: Mo. & Yr.:
Title:	Title:
Employer:	Employer:
City & State:	City & State:

Highest level of education:
_____ 4-yr.-Turf _____ 2yr. Associates turf / plant science degree _____ 4-yr. Other degree _____ 2-yr. Turf certificate

SIGNATURE

I hereby make application for membership in the Golf Course Superintendent's Association of West Virginia, and if accepted will **ABIDE** by the **By-Laws** and **Code of Ethics** of the Association.

Date of application

Signature of Applicant