

COMMERCIAL MEMBERSHIP APPLICATION

OFFICE USE ONLY

		DATE RECEIVED:		
		CLASS:		
		MEETING ATTENDED:		
		DUES RECEIVED:		
NAME OF COMPANY:			YEARS IN BUSINESS:	
ADDRESS:			NATURE OF BUSINESS:	
PHONE#:	FAX#:	WEBSITE:		
NAME OF DESIGNATED REPRESENTATIVE	::			
HOME ADDRESS:				
HOME PHONE #:	CELL PHONE#:	EMAIL:		
ARE YOU A MEMBER OF ANY OTHER	TURF ORIENTED GROUP?	YES PLEASE LIST:		
Each application must be attested to by the information as stated above.	nree Class A members of the	LIGCSA who must certify as to the r	eliability of the a	pplicant's
1. Attestor:	Name:	Date		Office Use Only
(Signature)	(type/print)	Atteste	<u>d:</u>	
2. Attestor: (Signature)	Name: (type/print)	Date Atteste	·d·	
3. Attestor:	Name:	Date	<u>u.</u>	
(Signature)	(type/print)	Atteste		
I hereby make application for members	ship in the Long Island Golf	Course Superintendent's Associa	ation.	
Date of Application	Signature of Applicant			
Fill out form completely and leg		RTANT	nnlication wher	e indicated 3
Applicant must sign where indicate membership process can be compl	d. 4. Submit check for full			
Approved by:		Membership Effective Date:		
Membership Chairman				