



ALBERTA GOLF SUPERINTENDENTS ASSOCIATION

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www.albertagsa.com

AGSA MEMBERSHIP APPLICATION

Name _____

Golf Club _____

Golf Club Address _____

City _____ Postal Code _____

Mailing Address (if different from above) _____

City _____ Postal Code _____

Tel: Business _____ Cell _____ Fax _____

E-mail address _____

Present Position _____ Years at present position _____

Pesticide Applicator's License Number _____ ***A copy of the license must be attached**

Education or Past Experience (Assistant Superintendents Only) _____

Information items including notice of meeting, minutes etc. are now sent to members electronically. However, if you wish to receive a hard copy of these items through the mail instead, please check here

I hereby apply to become a member of the AGSA beginning the 1st day of January and ending the 31st day of December. Enclosed is my application fee of \$250.00 + G.S.T. Due Date April 30th, cheques payable to AGSA.

Date Signature

FOR OFFICE USE ONLY

Date Approved by Membership Class