

# Membership Application & Renewal 2012

Thank you for considering membership with South Texas, GCSA. Please contact us with any questions: 281-494-0094, fax 281-494-0094 or stgcsa@stgcsa.org. Visit our website at www.stgcsa.org



Credit Cards (MasterCard, Visa, AMEX) Accepted for payment. If payment by check, please make payable to South Texas GCSA. Mail to: PO Box 571923 – Houston, TX 77257

**ADDRESS TO BE LISTED IN DIRECTORY**

**Classification Dues for 2012 (Check all that apply)**

- |  |          |
|--|----------|
| <input type="checkbox"/> AA Life Member                | Exempt   |
| <input type="checkbox"/> Retired                       | Exempt   |
| <input type="checkbox"/> A – GCSAA Class A Supt.       | \$120.00 |
| <input type="checkbox"/> SM - Superintendent           | \$120.00 |
| <input type="checkbox"/> C – Assistant Superintendent  | \$120.00 |
| <input type="checkbox"/> F – Facility Membership       | \$75.00  |
| <input type="checkbox"/> AS – Associate (Employee)     | \$60.00  |
| <input type="checkbox"/> S – Student                   | \$25.00  |
| <input type="checkbox"/> AF – Affiliate (Vendor)       | \$300.00 |
| <input type="checkbox"/> Meeting/Golf Fee for all year | \$385.00 |
| <input type="checkbox"/> Scholarship Tourney (April)   | \$500.00 |
| <input type="checkbox"/> Supt/Pro Tourney (August)     | \$275.00 |
| <input type="checkbox"/> Educator                      | Exempt   |

\*Sponsorship Packages Available-contact the office

- I am a Certified GC Superintendent. Yes \_\_\_ No \_\_\_

GCSAA Number \_\_\_\_\_

Your Birth Date: \_\_\_/\_\_\_/\_\_\_

How many years have you been a member: \_\_\_\_\_

As a member of this organization, I accept and fully agree to abide by the by-laws of South Texas GCSA, Inc.

Signature \_\_\_\_\_

This member fee entitles only the above applicant to the rights and privileges of membership in STGCSA, Inc.

Attesting Supt: \_\_\_\_\_

Attesting Supt: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Club or Company

\_\_\_\_\_  
Club Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Work Ph #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Cell #

Email:  
Is it OK to publish your email address in the directory?  Yes  No

**ADDRESS FOR NEWSLETTER IF DIFFERENT FROM ABOVE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or P.O. Box Number

\_\_\_\_\_  
City State Zip

Name of Spouse: \_\_\_\_\_

# Children: \_\_\_\_\_ Yr. Graduate: \_\_\_\_\_