



**2019-2020 MEMBERSHIP APPLICATION**  
**CLASS A, B, D, C, F OR S**  
 (Please read OGSA Bylaws and Classifications)

FIRST NAME:		LAST NAME:			
HOME ADDRESS:					
CITY:		PROV/STATE:		POSTAL/ZIP:	
PRIMARY EMAIL:			SECONDARY EMAIL:		
TWITTER ACCOUNT: @			PHONE NUMBER:		
I CONSENT TO RECEIVE OGSA UPDATES VIA EMAIL AND DIRECT MAIL <input type="checkbox"/> YES <input type="checkbox"/> NO					
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS					
<b>INDUSTRY HISTORY: (STUDENT APPLICANTS, MOVE TO THE STUDENT'S ONLY SECTION)</b>					
HAVE YOU BEEN A MEMBER OF OGSA IN THE PAST?		<input type="checkbox"/> NO <input type="checkbox"/> YES, FROM:		TO:	
ARE YOU CURRENTLY EMPLOYED AT A GOLF COURSE?		<input type="checkbox"/> YES - PLEASE COMPLETE COURSE INFO BELOW			<input type="checkbox"/> NO
NAME OF GOLF COURSE:			START DATE:		
STREET:		CITY:	PROVINCE:	POSTAL/ZIP::	
BUSINESS PHONE:		CELL:	WEBSITE:		
PREVIOUS POSITION/ EDUCATION		COURSE/FACILITY		FROM:	TO:
1.					
2.					
<b>STUDENTS ONLY: (STUDENT APPLICANTS MUST BE CURRENTLY ENROLLED IN A RECOGNIZED TURF PROGRAM AND WILL ONLY RECEIVE DIGITAL COPIES OF OGSA MATERIALS)</b>					
NAME OF SCHOOL:					
PROGRAM:			ANTICIPATED GRADUATION DATE:		
<b>MEMBER CLASSES &amp; FEES: (PLEASE SELECT)</b>					
<b>CLASS A, B &amp; C APPLICANTS MUST SUBMIT A CURRENT COPY OF THEIR LANDSCAPE EXTERMINATOR LICENCE WITH THEIR APPLICATION</b>					
<input type="checkbox"/> <b>CLASS A</b> FULL SUPERINTENDENT (3 YEARS OR MORE) <b>\$227.00</b> (\$200.89 + HST OF \$26.11)	<input type="checkbox"/> <b>CLASS B</b> <b>SUPERINTENDENT</b> (LESS THAN 3 YEARS) <b>\$227.00</b> (\$200.89 + HST OF \$26.11)	<input type="checkbox"/> <b>CLASS C</b> ASSISTANT SUPERINTENDENT  <b>\$157.00</b> (\$138.94 + HST OF \$18.06)	<input type="checkbox"/> <b>CLASS D</b> MANAGEMENT EDUCATOR OR OTHER IN GOLF INDUSTRY <b>\$227.00</b> (\$200.89 + HST OF \$26.11)	<input type="checkbox"/> <b>CLASS F</b> TECHNICIAN OR MECHANIC IN GOLF INDUSTRY <b>\$157.00</b> (\$138.94 + HST OF \$18.06)	<input type="checkbox"/> <b>CLASS S</b> STUDENT  <b>\$50.00</b> (\$44.25 + HST OF \$5.75)
<input type="checkbox"/> LANDSCAPE EXTERMINATOR LICENSE NUMBER INCLUDED					
<b>US AND INTERNATIONAL RESIDENTS <input type="checkbox"/> ADD \$50.00 OR <input type="checkbox"/> CHOOSE THE SAME RATE, AND BE A WEB MEMBER ONLY</b>					
<b>SIGNATURES (APPLICATION MUST BE SIGNED BY ONE CLASS A MEMBER OF THE OGSA AND YOUR COURSE SUPERVISOR)</b>					
ATTESTED BY:			SIGNATURE:		
ATTESTED BY:			SIGNATURE:		
<b>PAYMENT OPTIONS:</b>					
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHEQUE ENCLOSED (PAYABLE TO ONTARIO GOLF SUPERINTENDENTS' ASSOCIATION)					
CREDIT CARD #			EXPIRY DATE:		CVV
SIGNATURE OF APPLICANT:			DATE:		
I wish to make application for membership in the OGSA as indicated above. I certify that all information presented is correct. I give permission to The OGSA to store my personal information, understanding that it will be stored securely in accordance with current Privacy Legislation. I agree that my business contact information will be printed in the OGSA directory and be made available online. I will notify OGSA of any changes in my employment and that I am responsible to keep my online profile current.					