



2021 – 2022 ASSOCIATE MEMBERSHIP APPLICATION

OGSA, 364 COLLEGE AVE E., GUELPH, ON, N1G 3B9

FAX # 519-766-1704 : PHONE: 519-767-3341 : 1-877-824-6472 : OGSA.CA

BUSINESS NAME:		WEBSITE:	
BUSINESS ADDRESS:		CITY:	
PHONE NUMBER		PROV/STATE:	POSTAL/ZIP:
TOLL FREE NUMBER:		FAX NUMBER:	
ASSOCIATE MEMBERSHIP PACKAGES & FEES (PLEASE SELECT):			
<input type="checkbox"/> SOLE PROPRIETORSHIP An applicant is a single owner/ operator of a company. Includes all benefits of membership with one primary representative listed as a member. \$340.00 (\$300.89 + HST of \$39.11)	<input type="checkbox"/> CORPORATE An applicant is an organization managing one or more employees. Includes all the benefits of membership, up to three representatives (one primary rep and two additional reps who are web only), and the OGSA membership list in electronic format. \$535.00 (\$473.45 + HST of \$61.55)	<input type="checkbox"/> CORPORATE ENHANCED An applicant is an organization managing one or more employees. Includes all the benefits of membership, up to six representatives (two primary reps, and four additional reps who are web only), the OGSA membership list in electronic format (\$350 value), and a banner ad for a year on the OGSA website. \$998.00 (\$883.19 + HST of \$114.81) (Additional reps - \$52.00 each)	
PRIMARY REP'S NAME:		PHONE/CELL#:	
CURRENT POSITION:		EMAIL:	
HOME OFFICE ADDRESS (IF APPLICABLE):		TWITTER: @	
CITY: PROV/STATE:		POSTAL/ZIP:	
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO		<input type="checkbox"/> BUSINESS OFFICE <input type="checkbox"/> HOME OFFICE	
2ND REP'S NAME:		PHONE/CELL#:	
CURRENT POSITION:		EMAIL:	
HOME OFFICE ADDRESS (IF APPLICABLE)		TWITTER: @	
CITY: PROV/STATE:		POSTAL/ZIP:	
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO		<input type="checkbox"/> BUSINESS OFFICE <input type="checkbox"/> HOME OFFICE	
3RD REP'S NAME:		PHONE/CELL#:	
CURRENT POSITION:		EMAIL:	
HOME OFFICE ADDRESS (IF APPLICABLE)		TWITTER: @	
CITY: PROV/STATE:		POSTAL/ZIP:	
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO		<input type="checkbox"/> BUSINESS OFFICE <input type="checkbox"/> HOME OFFICE	
ADDITIONAL REPRESENTATIVES (UP TO 3 FOR CORPORATE ENHANCED; TO ADD MORE AT \$50 PER REP, PLEASE ATTACH THE DETAILS IN A SEPARATE DOCUMENT OR CALL THE OGSA TO DISCUSS.)			
NAME:		CELL/PHONE#:	EMAIL:
1.			
2.			
3.			
PLEASE LIST 3 GOLF COURSES OR SUPERINTENDENTS YOU HAVE DEALT WITH:			
1.		2.	3.
PAYMENT OPTIONS:			
<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:		DATE:	

I wish to make application for membership in The OGSA as selected above and certify that all information presented is correct. I agree that my business contact information will be printed in the OGSA Directory and be made available online. I am also aware that we are responsible to keep our online profiles current.



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