

FIRST NAME:			LAST NAME:		
HOME ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
PRIMARY EMAIL:			SECONDARY EMAIL:		
TWITTER ACCOUNT: @			PHONE NUMBER:		
I CONSENT TO RECEIVE AGSA UPDATES VIA EMAIL AND DIRECT MAIL			<input type="checkbox"/> YES		<input type="checkbox"/> NO
I WOULD LIKE TO HAVE AGSA CORRESPONDENCE SENT TO			<input type="checkbox"/> HOME		<input type="checkbox"/> BUSINESS
MEMBER CLASSES & FEES: (PLEASE SELECT) Class A & B must submit a copy of their Pesticide Applicator License.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASS A SUPERINTENDENT (3 years or more) \$170.00 (+ HST)	CLASS B SUPERINTENDENT (Less than 3 years) \$170.00 (+ HST)	CLASS B ASSISTANT (3 years or more under a Class A member) \$170.00 (+ HST)	CLASS C ASSISTANT (at least one year under a Class A member) \$170.00 (+ HST)	CLASS M MAINTENANCE STAFF \$50.00 (+ HST)	Class S Student \$50.00 (+ HST)
<input type="checkbox"/> PESTICIDE APPLICATOR LICENSE			Member Since: _____		
PAYMENT OPTIONS:					
IF PAYING FROM INVOICE, INVOICE #:					
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> CHEQUE ENCLOSED (Payable to Atlantic golf superintendents' association)	
CREDIT CARD #:			EXPIRY DATE:		CVV
SIGNATURE OF APPLICANT:			DATE:		
I wish to make application for the renewal of membership in the AGSA as indicated above. I certify that all information presented is correct. I give permission to The AGSA 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 AGSA directory and be made available online. I will notify AGSA of any changes in my employment and that I am responsible to keep my online profile current.					