

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	
INDUSTRY HISTORY: (STUDENT APPLICANTS, MOVE TO THE STUDENT'S ONLY SECTION)					
HAVE YOU BEEN A MEMBER OF AGSA 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 CODE:
BUSINESS PHONE:		CELL:		WEBSITE:	
PREVIOUS POSITION/ EDUCATION:		COURSE/FACILITY:		FROM: TO:	
STUDENTS ONLY: (Student applicants must be currently enrolled in a recognized turf program).					
NAME OF SCHOOL:			PROGRAM:		
MEMBER CLASSES & FEES: (PLEASE SELECT) Class A & B must submit a copy of their Pesticide Applicator License.					
<input type="checkbox"/> CLASS A SUPERINTENDENT (3 years or more) \$180.00 (+ HST)	<input type="checkbox"/> CLASS B SUPERINTENDENT (Less than 3 years) \$180.00 (+ HST)	<input type="checkbox"/> CLASS B ASSISTANT (3 years or more under a Class A member) \$180.00 (+ HST)	<input type="checkbox"/> CLASS C ASSISTANT (at least one year under a Class A member) \$180.00 (+ HST)	<input type="checkbox"/> CLASS M MAINTENANCE STAFF \$50.00 (+ HST)	<input type="checkbox"/> Class S Student \$50.00 (+ HST)
<input type="checkbox"/> LANDSCAPE EXTERMINATOR LICENSE NUMBER INCLUDED					
SIGNATURES (Application must be signed by one class A member of the AGSA and your course supervisor)					
ATTESTED, WHEN POSSIBLE:			SIGNATURE:		
ATTESTED, WHEN POSSIBLE:			SIGNATURE:		
PAYMENT OPTIONS:					
<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 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.					