



MEMBERSHIP APPLICATION

Atlantic Golf Superintendents Association / Association Atlantique des Surintendants de Golf

Name (Please Print) * _____

Home Address _____

City/Town _____ Prov. _____ Postal Code _____

E-mail Address: * _____

Club/Company/School * _____ Position * _____

Date Started Position (Mo) _____ (Day) _____ (Yr) _____

Address * _____

City _____ Prov. _____ Postal Code _____

*Telephone (H) _____ (W) _____ *E-mail _____

*Preferred Mailing Address: Home [_____] Business [_____] _____



Past Positions Held (5 yrs prior to current employment)

<u>From</u>	<u>To</u>	<u>Title</u>	<u>Place of Employment</u>	<u>City & Province</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Class A and B Superintendents require a Provincial Pesticide License # _____

Where geographic location allows, each application should be attested by (2) Class A voting members of the AGSA who thus certify as to the reliability of Applicant's information as stated above.

Attestor: (Signature)	Name: (Printed)	Date: Attested
---------------------------------	---------------------------	--------------------------

Attestor: (Signature)	Name: (Printed)	Date: Attested
---------------------------------	---------------------------	--------------------------

I hereby make application for membership in the Atlantic Golf Superintendents Association. My signature on this application indicates permission to publish contact information (including E-mail address) in the AGSA Membership Directory.

Signature: _____ Date of Application: _____

FOR AGSA OFFICE USE ONLY

Approved: _____ Date	_____ Signature of Secretary/Treasurer	_____ Membership Class
-------------------------	---	---------------------------

PO Box 2063 Fall River, NS B2T 1K6
PH: (902) 861-1922 FX: (902) 861-1923
www.agsa.ca