



2022-2023 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:	
HOME PHONE NUMBER			POSTAL/ZIP:		
PRIMARY EMAIL:		SECONDARY EMAIL:			
TWITTER ACCOUNT: @		CELL:			
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	
INDUSTRY HISTORY: (STUDENT APPLICANTS, MOVE TO THE STUDENT'S ONLY SECTION)					
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:		BUSINESS CELL:		WEBSITE:	
PREVIOUS POSITION/ EDUCATION		COURSE/FACILITY		FROM:	TO:
1.					
2.					
STUDENTS ONLY: (STUDENT APPLICANTS MUST BE CURRENTLY ENROLLED IN A RECOGNIZED TURF PROGRAM AND WILL ONLY RECEIVE DIGITAL COPIES OF OGSA MATERIALS)					
NAME OF SCHOOL:					
PROGRAM:			ANTICIPATED GRADUATION DATE:		
MEMBER CLASSES & FEES: (PLEASE SELECT)					
CLASS A, B & C APPLICANTS MUST SUBMIT A CURRENT COPY OF THEIR LANDSCAPE EXTERMINATOR LICENCE WITH THEIR APPLICATION					
<input type="checkbox"/> CLASS A SUPERINTENDENT (3 YEARS +) \$246.00 <small>(\$217.70 + HST \$28.30)</small>	<input type="checkbox"/> CLASS B SUPERINTENDENT (- 3 YEARS) \$246.00 <small>(\$217.70 + HST \$28.30)</small>	<input type="checkbox"/> CLASS C ASSISTANT SUPERINTENDENT \$170.00 <small>(\$150.44 + HST \$19.56)</small>	<input type="checkbox"/> CLASS D GOLF MANAGEMENT EDUCATOR, OTHER \$246.00 <small>(\$217.70 + HST \$28.30)</small>	<input type="checkbox"/> CLASS F GOLF COURSE TECHNICIAN OR MECHANIC \$170.00 <small>(\$150.44 + HST \$19.56)</small>	<input type="checkbox"/> CLASS S STUDENT FREE
<input type="checkbox"/> COPY OF LANDSCAPE EXTERMINATOR LICENSE INCLUDED					
US AND INTERNATIONAL RESIDENTS <input type="checkbox"/> ADD \$50.00 OR <input type="checkbox"/> CHOOSE THE SAME RATE, AND BE A WEB MEMBER ONLY					
SIGNATURES (APPLICATION MUST BE SIGNED BY ONE CLASS A MEMBER OF THE OGSA AND YOUR COURSE SUPERVISOR)					
ATTESTED BY:		SIGNATURE:			
ATTESTED BY:		SIGNATURE:			
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 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.					