

## 2023-2024 MEMBERSHIP APPLICATION CLASS A, B, D, C, F, EM, OR S

(Please read OGSA Bylaws and Classifications)

FIRST NAME:		LA	ST NAME:			
HOME ADDRESS:			TY:	PROV/STATE:		
HOME PHONE NUMBER				POSTA	L/ZIP:	
PRIMARY EMAIL: SECONDARY EMAIL:						
TWITTER ACCOUNT: @ CELL:						
I CONSENT TO RECEIVE OGSA UPDATES VIA EMAIL AND DIRECT MAIL						
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO						
INDUSTRY HISTORY: (STUDENT APPLICANTS, MOVE TO THE STUDENT'S ONLY SECTION)						
HAVE YOU BEEN A MEMBER OF OGSA IN THE PAST?					:	
ARE YOU CURRENTLY EMPLOYED AT A GOLF COURSE?   YES - PLEASE COMPLETE COURSE INFO BELOW  NO						
NAME OF GOLF COURSE: START DATE:						
STREET: CITY:			PROVINCE: POSTAL/ZIP:			
BUSINESS PHONE:	INESS 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						
☐ CLASS A SUPERINTENDENT (3 YEARS +) \$255.38 (\$226.00 + HST \$29.38)	☐ CLASS B SUPERINTENDENT (-3 YEARS) \$255.38 (\$226.00 + HST \$29.38)	□ CLASS C ASSISTANT SUPERINTENDENT \$176.28  (\$156.00 + HST \$20.28)	GOLF MANAGEMENT EDUCATOR, OTHER \$255.38  (\$226.00 + HST \$29.38)	CLASS EM GOLF COURSE EQUIPMENT MANAGER \$176.28 (\$156.00 + HST \$20.28)	□ CLASS F GOLF COURSE TECHNICIAN OR MECHANIC \$176.28  (\$156.00 + HST \$20.28)	
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□ CLASS S STUDENT FREE □ COPY OF LANDSCAPE EXTERMINATOR LICENSE INCLUDED						
US AND INTERNATIONAL RESIDENTS ADD \$50.00 OR 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:						
☐ VISA ☐ MASTERCARD ☐ CHEQUE ENCLOSED (PAYABLE TO ONTARIO GOLF SUPERINTENDENTS' ASSOCIATION)						
CREDIT CARD #			XPIRY DATE:	PIRY DATE: CVV		
			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.						