



2026-2027 ASSOCIATE MEMBERSHIP APPLICATION

OGSA, 364 COLLEGE AVE E. UNIT #3, GUELPH, ON, N1G 3B9

FAX # 519-766-1704 : PHONE: 519-767-3341 : 1-877-824-6472 : OGSA.CA

BUSINESS NAME:		WEBSITE:	
BUSINESS ADDRESS:		CITY:	
PHONE NUMBER		PROV/STATE:	POSTAL/ZIP:
TOLL FREE NUMBER:		FAX NUMBER:	
ASSOCIATE MEMBERSHIP PACKAGES & FEES (PLEASE SELECT):			
☐ SOLE PROPRIETORSHIP An applicant is a single owner/ operator of a company. Includes all benefits of membership with <u>one primary representative</u> listed as a member. \$403.41 (\$357.00 + HST of \$46.41)	☐ CORPORATE An applicant is an organization managing one or more employees. Includes all the benefits of membership, <u>up to three representatives</u> (one primary rep and two additional reps who are web only), and the OGSA membership list in electronic format. \$627.15 (\$555.00 + HST of \$72.15)	☐ CORPORATE ENHANCED An applicant is an organization managing one or more employees. Includes all the benefits of membership, <u>up to six representatives</u> (two primary reps, and four additional reps who are web only), the OGSA membership list in electronic format (\$350 value), and a banner ad for a year on the OGSA website. \$1,175.20 (\$1040.00 + HST of \$135.20) (Additional reps - \$56.50 each)	
PRIMARY REP'S NAME:		PHONE/CELL#:	
CURRENT POSITION:		EMAIL:	
HOME OFFICE ADDRESS (IF APPLICABLE):		TWITTER: @	
CITY:	PROV/STATE:	POSTAL/ZIP:	
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO ☐ BUSINESS OFFICE ☐ HOME OFFICE			
2ND REP'S NAME:		PHONE/CELL#:	
CURRENT POSITION:		EMAIL:	
HOME OFFICE ADDRESS (IF APPLICABLE)		TWITTER: @	
CITY:	PROV/STATE:	POSTAL/ZIP:	
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO ☐ BUSINESS OFFICE ☐ HOME OFFICE			
3RD REP'S NAME:		PHONE/CELL#:	
CURRENT POSITION:		EMAIL:	
HOME OFFICE ADDRESS (IF APPLICABLE)		TWITTER: @	
CITY:	PROV/STATE:	POSTAL/ZIP:	
I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO ☐ BUSINESS OFFICE ☐ HOME OFFICE			
ADDITIONAL REPRESENTATIVES (UP TO 3 FOR CORPORATE ENHANCED; TO ADD MORE AT \$56.50 PER REP, PLEASE ATTACH THE DETAILS IN A SEPARATE DOCUMENT OR CALL THE OGSA TO DISCUSS.)			
NAME:		CELL/PHONE#:	EMAIL:
1.			
2.			
3.			
PLEASE LIST 3 GOLF COURSES OR SUPERINTENDENTS YOU HAVE DEALT WITH:			
1.	2.	3.	
PAYMENT OPTIONS:			
☐ VISA ☐ MASTERCARD ☐ 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 selected above and certify that all information presented is correct. I agree that my business contact information will be printed in the OGSA Directory and be made available online. I am also aware that we are responsible to keep our online profiles current.