2026-2027 MEMBERSHIP APPLICATION
CLASS A, B, D, C, F, EM, 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 ☐ YES ☐ NO I WOULD LIKE TO HAVE OGSA CORRESPONDENCE SENT TO ☐ HOME ☐ BUSINESS		

INDUSTRY HISTORY: (STUDENT APPLICANTS, MOVE TO THE STUDENT'S ONLY SECTION)

HAVE YOU BEEN A MEMBER OF OGSA IN THE PAST? ☐ NO ☐ YES, FROM:		TO:	
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:	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**	☐ **CLASS B**	☐ **CLASS C**	☐ **CLASS D**	☐ **CLASS EM**	☐ **CLASS F**
SUPERINTENDENT (3 YEARS +)	SUPERINTENDENT (- 3 YEARS)	ASSISTANT SUPERINTENDENT	GOLF MANAGEMENT EDUCATOR, OTHER	GOLF COURSE EQUIPMENT MANAGER	GOLF COURSE TECHNICIAN OR MECHANIC
$274.59 ($243.00 + HST $31.59)	**$274.59** ($243.00 + HST $31.59)	**$189.84** ($168.00 + HST $21.84)	**$274.59** ($243.00 + HST $31.59)	**$189.84** ($168.00 + HST $21.84)	**$189.84** ($168.00 + HST $21.84)

☐ **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 #	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.

OGSA, 364 COLLEGE AVE E., UNIT #3, GUELPH, ON, N1G 3B9
FAX # 519-766-1704 PHONE: 519-767-3341 TOLL FREE: 1-877-824-6472 WEBSITE: WWW.OGSA.CA