



Victorian Golf Course Superintendents Association ABN 72 650 223 609

Membership Application

SUPERINTENDENTS

I, as per my details below, hereby make application for membership of the Victorian Golf Course Superintendents Association, and agree to adhere to the VGCSA Code of ethics (as published on www.vgcsa.com.au)

Full Name: _____

Mailing address: _____

Mobile: _____ Work: _____

Email: _____ Fax: _____

Club/Employer: _____

Title of current position: _____

Address for accounts: Email Post

Applicants Signature: _____ Date: _____

Each application must be signed by at least 1 current voting member of the VGCSA

Proposer's name: _____

Proposer's signature: _____ Date: _____

Proposer's name (second): _____

Proposer's signature: _____ Date: _____

Type of Membership:

Annual fee from 1st July – 30th June

Superintendent: **\$121.00**

Assistant Superintendent: **\$60.50**

An invoice will be sent out once the Application has been processed

Send applications to:

VGCSA
P.O. Box 47, East Bentleigh VIC 3165
Email: admin@vgcsa.bigpond.com

All membership enquires to:

Matt Poultney
Membership Coordinator
Email: turfshed@greenacresgolf.com.au
Mobile: 0419 319 116

OFFICE USE ONLY

RECEIPT NO. _____ Date Received: _____

Payment \$ _____ Cash Cheque