



Victorian Golf Course Superintendents Association ABN 72 650 223 609

Membership Application

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 for newsletters: _____

Mobile: _____

Email: _____

Title of current position: _____

Club/Employer: _____

Club address for accounts: _____

Postal: _____

Email: _____

Applicant's 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: **\$150.00**

Assistant Superintendent: **\$75.00**

Club Package (1 super & 1 2IC): **\$200.00**

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

Send applications to:

VGCSA
PO Box 8050, TOTTENHAM VIC 3012
Email: adminvgcsa@bigpond.com

All membership enquires to:

Travis Scott
Membership Coordinator
Email: riversdalecourse@bigpond.com

OFFICE USE ONLY

Committee meeting approval date: _____

Date processed: _____ Invoice No.: _____

SUPERINTENDENTS