



Victorian Golf Course Superintendents Association ABN 72 650 223 609

Membership Application

Company Details:

Company Name: _____

Company Address: _____

Company Address for accounts: _____

Email: _____

Postal: _____

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)

Representative Details:

Name: _____

Title: _____

Mailing Address for Newsletters: _____

Mobile: _____

Email: _____

Applicants Signature: _____ Date: _____

Membership proposal: Each application must be signed by at least one current voting member of the VGCSA.

Proposer name: _____

Proposer Signature: _____ Date: _____

Type of Membership:

Annual fee from 1st July – 30th June

Trade Membership

\$150.00

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.: _____

TRADE MEMBERS