



Minnesota Golf Course Superintendents' Association

AFFILIATED WITH THE GOLF COURSE SUPERINTENDENTS ASSOCIATION OF AMERICA

MEMBERSHIP APPLICATION

JANUARY 1, 2011 – DECEMBER 31, 2011

Name _____ Date _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Club/Company _____

Club/Company Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____

Mobile Phone _____

E-mail _____

Send mail to: Home Club/Company Spouse's Name _____

Have you been a member of the Minnesota Golf Course Superintendents' Association before? Yes No

Are you applying for reinstatement to the Minnesota Golf Course Superintendents' Association? Yes No

All applicants for Class A or SM membership must also be a member of the Golf Course Superintendents Association of America (GCSAA).

Are you a current member of the GCSAA?

Yes, my GCSAA number is _____

If yes, how will you vote? With Chapter Individually

My GCSAA membership is being processed

No, I am not a member of GCSAA

Do you have a state pesticide applicators license? No Yes, my license number is _____

I am applying for Class:

Class A (\$115) Class SM (\$115) Class C (\$115) Class D (\$90) Class E (NC) Associate (\$115) Affiliate (\$190) Student (\$35)

Facility Membership (\$115)

Class A: Superintendent for more than 3 years
Class SM: Superintendent for less than 3 years
Class C: Assistant Superintendent of any course
Class D: Technician membership
Class E: Applicant must be an educator or extension officer of turfgrass

Student: Student membership. Must be attested by instructor
Affiliate: Involved in golf course supplies and equipment
Associate: Non-superintendent involved in the growth, management or production of turfgrass.
Facility Membership: Involved in the growth, management or production

Present employment position _____

Length of service in present position _____

Mandatory short resume of applicant's past employment or educational background: _____

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CODE OF ETHICS

This code is established to promote and maintain the highest professional standards of service and conduct among the membership of MGCSA. Steadfastly maintaining these principles will accrue to the membership a level of recognition and respect justly deserved of those who come into contact with any member. Through high regard for, and a strong enforcement of the code, membership in this Association will be deemed a significant indicator of individual responsibility, character and professionalism.

**AS A MEMBER OF THE MINNESOTA GOLF COURSE SUPERINTENDENTS' ASSOCIATION
I ACCEPT AND FULLY AGREE TO ABIDE BY THIS CODE AND PLEDGE MYSELF TO:**

1. Recognize and discharge all my responsibilities and duties in such a fashion as to be a credit to this Association and profession.
2. Practice and insist upon sound business and turf management principles in exercising the responsibilities of my position.
3. Utilize every practical opportunity to expand my professional knowledge, thereby improving myself and my profession.
4. Maintain the highest standards of personal conduct to reflect credit and add to the stature of the profession of golf course superintendency.
5. Base endorsements, either written or verbal by means of any medium, strictly upon satisfactory personal experiences within the item identified.
6. Refrain from encouraging or accepting considerations of any value without the express understanding of all parties that said consideration is available to all in similar circumstances, and that no actions shall be forthcoming as a result of acceptance.
7. Recognize and observe the highest standards of integrity in my relationship with fellow golf course superintendents and others associated with the profession and industry.
8. Assist my fellow superintendents in all ways consistent with my abilities, only when called upon to do so and with the incumbent superintendent's knowledge, participation and acceptance.
9. Abstain from the debasement of, or encroachment upon, the professional reputation, practice or employment of another superintendent.
10. Lend my support to, and actively participate in, the efforts of my local chapter and national association to improve public understanding and recognition of the profession of golf course superintendency.
11. Abstain from any exploitation of my Association, industry or profession.
12. Present information and participate as a witness in all proceedings to which there exists evidence of a violation of this Code of Ethics.

Each applicant for membership in the Association shall furnish satisfactory evidence of his/her qualifications to the Executive Board by completing all items on the application form including a recommendation or attest from one qualified member of MGCSA. The applicant must mail this form and the appropriate yearly dues to the Membership Chairman. These steps must be completed within six months of date of application or the application will be destroyed and no moneys refunded. The individual attesting this application must be willing to lend verbal support to this applicant.

I hereby apply for membership in the Minnesota Golf Course Superintendents' Association and promise to abide by all the bylaws and rules of the association.

Applicant's Signature _____ Date _____

This applicant attested by _____ MGCSA Class _____

Representing (Club/Firm/School) _____ Phone _____

Amount Enclosed: \$ _____ payable to Minnesota Golf Course Superintendents' Association. One year's dues must accompany this application. Refunds made if applicant is not accepted. \$20 of each membership dues applies towards the association's Hole Notes subscription.

MEMBERSHIP YEAR: JANUARY 1, 2011 - DECEMBER 31, 2011

METHOD OF PAYMENT: Check Enclosed Visa MasterCard Discover

Name: _____ (as it appears on credit card)

Card Number: _____ Security Code: _____ Expiration Date: _____

Authorized Signature: _____

Make check payable to MGCSA and mail to:
Minnesota Golf Course Superintendents' Association
P. O. Box 617, Wayzata, MN 55391

FOR OFFICE USE ONLY

Date application was received _____ Check # _____ Date approved _____

Authorized signature _____ Date _____

Check Amount _____ Check Number _____ Date _____

Bank _____ Account _____ Location _____