

**PINEY WOODS GOLF COURSE
SUPERINTENDENT ASSOCIATION
MEMBERSHIP APPLICATION**

NAME: _____ SPOUSE'S NAME: _____

NAME OF CLUB/BUSINESS: _____

PRESENT POSITION/TITLE: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE: _____

PREFERRED MAILING ADDRESS: HOME _____ BUSINESS _____

E-MAIL: _____

ANNUAL DUES ENCLOSED:

SUPERINTENDENT MEMBER (\$30) _____

AFFILIATE MEMBER (\$50) _____

STUDENT MEMBER (\$15) _____

¼ PAGE OR BUSINESS CARD AD SPACE (\$50) _____

½ PAGE AD SPACE (\$100) _____

FULL PAGE AD (\$200) _____

TOTAL ENCLOSED: \$ _____

FOR MORE INFORMATION VISIT WWW.PWGCSA.ORG

MAIL TO:

PWGCSA
PO BOX 401
WHITEHOUSE, TX 75791

APPLICANT SIGNATURE

DATE