

# Carolinas Golf Course Superintendents Association Reclassification Form

This form will serve as an official request for membership reclassification in the Carolinas Golf Course Superintendents Association. Send the completed form to Carolinas GCSA, P. O. Box 210, Liberty, SC 29657-0210, or FAX: (864) 843-1149. If you have any questions, please contact the Carolinas GCSA at 1-800-476-4272.

**I hereby make official application to change my Carolinas GCSA membership classification from Class \_\_\_\_\_ to Class \_\_\_\_\_.**

Name \_\_\_\_\_ Member # \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title or Position \_\_\_\_\_

Club/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax # \_\_\_\_\_

**Preferred Mailing Address:** Club/Company \_\_\_\_\_ Home \_\_\_\_\_

**Type of Golf Course:** Daily Fee/ Public \_\_\_\_\_ Semiprivate \_\_\_\_\_ Private \_\_\_\_\_  
Resort \_\_\_\_\_ City/State/Military/Municipal \_\_\_\_\_

**Number of Holes:** 9 \_\_\_\_\_ 18 \_\_\_\_\_ 27 \_\_\_\_\_ 36 \_\_\_\_\_ Other \_\_\_\_\_

**POSITIONS HELD ( Include current Employment)**

From	To		
Mo. & Yr.	Mo. & Yr.	Title	Place of Employment, City & State

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REASON FOR REQUESTING CHANGE IN CLASSIFICATION: \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

OFFICE USE ONLY	
PRESENT CLASS _____	CURRENT DUES PAID _____
REQUESTED CLASS _____	RECOMMENDED/REJECTED _____