



SOUTHERN NEVADA GOLF COURSE SUPERINTENDENTS ASSOCIATION

Attn: Misty Kadel
 1750 N Rampart Blvd
 Las Vegas, NV 89128
 Ph. 702-497-1054 Fax. 702-254-4338

2017 Membership Application

PLEASE FILL OUT FORM COMPLETELY:

- New Application (Please check one box)
- Renewal

Make checks payable to SNGCSA and mail to address listed above.

PLEASE CIRCLE YOUR MEMBERSHIP CATEGORY

2017 DUES	
CLASS A SUPERINTENDENTS	\$110
CLASS SM SUPERINTENDENTS	\$110
CLASS C ASSISTANT SUPERINTENDENTS	\$55
CLASS ASSOCIATE (Other Golf Course Personnel)	\$55
EDUCATORS, STUDENTS, RETIRED SUPERINTENDENTS	EXEMPT
AFFILIATES	\$110
PLATINUM MEMBERSHIP includes:	\$2,200
4 Affiliate Memberships	
Tee Sign Sponsorship for ALL golf events	
S&R Tournament 4 some	
S&R Par 3 Tournament 4 some	
Front Page Website Advertisement	
GOLD MEMBERSHIP includes	\$1,300
2 Affiliate Memberships	
Tee Sign Sponsorship for ALL golf events	
S&R Tournament 2 some	
S&R Par 3 Tournament 2 some	
SILVER MEMBERSHIP includes	\$700
2 Affiliate Memberships	
OR 1 Membership & 1 S&R Tournament Entry	
Tee Sign for all meetings	
**PLUS SPONSORSHIP	\$1,000
All items from your sponsorship package PLUS:	
Front page website advertising space, plus your company website incl..	
One designated SNGCSA meeting sponsorship	
Signage day of event & on event flyers	
Time allocated for you or your speaker at meeting	

Name _____

Job Title _____

Company Name _____

Business Phone _____ Mobile Phone Number _____

Fax Number _____ GCSAA Number _____

Business Address _____

City _____ State _____ Zip Code _____

Alternate Mailing Address if different than above _____

City _____ State _____ Zip Code _____

E-Mail Address Required - Please Print Clearly

VIP Meetings Package

****If you would like to purchase a VIP Card along with your membership, please mark the appropriate box below and include payment with your membership dues**

VIP+ \$240 **Includes Meeting, Lunch & Golf**
 Valid Mar, April, May, November

VIP \$160 **Meeting and Lunch Only**
 Valid Mar, April, May, TBD

IF PAYING BY VISA or MASTERCARD, FILL OUT THIS SECTION		
INCLUDE AN ADDITIONAL 4.0% ADMINISTRATIVE FEE FOR THIS OPTION		
CARD NUMBER	EXP. DATE	CVV
NAME AS IT , NAME AS IT APPEARS ON CARD	BILLING ZIP CODE	
SIGNATURE	AMOUNT + 4%	

*****All correspondence will be conducted via email, please make sure your email address is legible and that you add our domain to your accepted list, so mass emails will not be returned as undeliverable.**

Our Domain Name is: sngcsa.org

If you have any questions, my email address is:
misty@sngcsa.org

YOU MUST FILL OUT A SEPARATE APPLICATION FOR EACH MEMBER FOR OUR DATABASE

Date Received: _____		Office use Only: _____	
E: _____		Amount Received: _____	
Log: _____		Dir: _____	
		CCnt: _____	