

# Chicagoland Association of Golf Course Superintendents

11855 Archer Avenue  
Lemont, IL 60439  
630-243-7900 phone  
630-257-0362 fax  
www.cagcs.org

Application for Membership



First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's Name \_\_\_\_\_ GCSAA Member # \_\_\_\_\_

Home Address 1 \_\_\_\_\_ Home Address 2 \_\_\_\_\_

Home City \_\_\_\_\_ Home State \_\_\_\_\_ Home Zipcode \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Club \_\_\_\_\_

Club Address 1 \_\_\_\_\_ Club Address 2 \_\_\_\_\_

Club City \_\_\_\_\_ Club State \_\_\_\_\_ Club Zipcode \_\_\_\_\_

Mobile Phone (     ) \_\_\_\_\_ Club Phone (     ) \_\_\_\_\_

Club Fax (     ) \_\_\_\_\_

Email \_\_\_\_\_

By providing my email address, I authorize CAGCS to contact me with all CAGCS correspondence through this method.

Respectfully Submitted:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_  
Printed Name Signature

Co-Sponsor \_\_\_\_\_  
Printed Name Signature

Please remit this application with your first year dues in  
the amount of \$80.00. Please make checks payable to:  
CAGCS, 11855 Archer Avenue, Lemont, IL 60439

Office Use Only

Meetings Attended \_\_\_\_\_

Committee Review \_\_\_\_\_

Paid \_\_\_\_\_

Entered \_\_\_\_\_