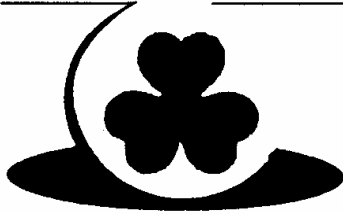


**GOLF COURSE
SUPERINTENDENTS
ASSOCIATION
OF IRELAND**



**GCSAI TRADE MEMBERSHIP
FORM**

To be returned to:

ALAN MAHON
GCSAI
RATHJARNEY, PIERCESTOWN, CO. WEXFORD

TEL: ROI 053 9158606
NI & UK 00353 53 9158606
Mobile: (00353) 87 6260889

E-mail: alan@gcsai.org

Website: www.gcsai.org

GCSAI TRADE MEMBERSHIP FORM

COMPANY NAME: _____
COMPANY ADDRESS: _____
NEW/EXISTING MEMBER (delete as applicable) MEMBERSHIP NUMBER: _____
COMPANY REPRESENTATIVE: _____
OFFICE TELEPHONE NUMBER: _____
OFFICE FAX NUMBER: _____
MOBILE NUMBER: _____
E-MAIL ADDRESS: _____
NATURE OF BUSINESS: _____
I hereby apply for membership of the GCSAI and agree to abide by the constitution and code of ethics of the association. I enclose a cheque/postal order for €250 made payable to GCSAI.
Signed: _____ Date: _____