GOLF COURSE SUPERINTENDENTS ASSOCIATION OF IRELAND

GCSAI MEMBERSHIP FORM

To be returned to: DAMIAN MCLAVERTY

GCSAI

KILCONNELL, BALLINASLOE, CO. GALWAY

Mobile: 087 9316687

Email: damian@gcsai.org Website: www.gcsai.org

PLEASE PRINT IN CAPIT	CAL LETTERS		
NAME:			
HOME ADDRESS:			
HOME TEL. NUMBER:			WORK:
MOBILE:	EM	IAIL A	DDRESS:
CLUB: (If you are a retired memb	er please give the	name	of the club you last worked at)
			le) MEMBERSHIP NUMBER:
REGION: (see below for details) POSITION:			
Signature of Secretary Manager or Superintendent:			
Stamp of Club:			
I hereby apply for membership	of the GCSAI and a	agree to	abide by the Constitution and Code of Ethics of the Association
Signature:			Date:
To comply with GDPR plea	ase indicate if you	want t	to receive the following GCSAI communications:
EMAIL: TEXT:	PHONE:		POSTAL: ALL COMMUNICATION:
	_		on for communication of GCSAI business. No third party ew the GCSAI Private Policy visit www.gcsai.org
Membership Rates: Superintendent: Deputy Superintendent: Groundsman: Greenkeeper: Apprentice / Student: Associate: Retired:	€98 €80 €80 €70	Region NW SW NE SE	Donegal, Sligo, Mayo, Roscommon, Leitrim, Galway Cork, Kerry, Waterford, Tipperary, Limerick, Clare Dublin, Meath, Westmeath, Cavan, Monaghan, Louth, Longford, Northern Ireland Kildare, Wicklow, Laois, Carlow, Kilkenny, Wexford, Offaly
For club discounts for 3 or more staff joining please contact Damian McLaverty			