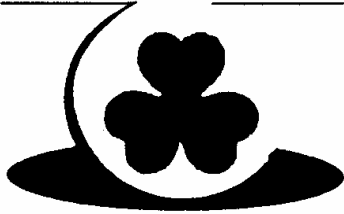


**GOLF COURSE
SUPERINTENDENTS
ASSOCIATION
OF IRELAND**



**GCSAI TRADE MEMBERSHIP
FORM**

To be returned to:

DAMIAN MCLAVERTY
GCSAI
KILCONNELL, BALLINASLOE, CO. GALWAY

MOBILE: ROI 087 9316687
NI & UK 00353 87 9316687

E-mail: damian@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 €725 made payable to GCSAI. |
| Signed: _____ Date: _____ |