



British Columbia Golf Superintendents Association

Box 807 Lake Cowichan, BC V0R 2G0
Phone/Fax: (250) 749-6703 Email: admin@bcgsa.com

BCGSA INDUSTRY GROUP MEMBERSHIP APPLICATION

This package would be of interest to industry members who would like to belong to at least four of our regions, being the Lower Mainland, Interior, Kootenays, Island and Northern Regions. Being a Group Membership member entitles a company to have a representative in each of our five regions (this representative does not have to be the same person in each region and can be five different representatives if you desire)

The cost of this package would be \$550.00 for the year compared to the \$650.00 + per year it would cost if each region were joined separately. With this package you are still only allowed one representative at a meeting but if you choose to have more than one rep at a meet you must make arrangements with that region for an additional member. You may also take out more than one Group Membership package if it serves your purpose.

Please fill out information below:

Company Name: _____

Business Address: _____

Mailing Address (if different):

Phone Office: _____ Fax: _____ Toll Free: _____

E-Mail: _____ Website: _____

Signed: _____ Date: _____

Group Membership Fee - \$550.00 Per Year
(payable at the beginning of the year to the BCGSA Office)

Please Fill Out Page 2 of This Form With the Name of the Reps For Each Region
(If there is only one Rep, then just fill out this page and forward it to the BCGSA)

INDUSTRY REPS FOR ALL FIVE REGIONS

Interior Rep: _____ Email: _____

Address: _____

Office: _____ Fax: _____ Home: _____ Cell: _____

Lower Mainland Rep: _____ Email: _____

Address: _____

Office: _____ Fax: _____ Home: _____ Cell: _____

Island Rep: _____ Email: _____

Address: _____

Office: _____ Fax: _____ Home: _____ Cell: _____

Kootenay Rep: _____ Email: _____

Address: _____

Office: _____ Fax: _____ Home: _____ Cell: _____

Northern Rep: _____ Email: _____

Address: _____

Office: _____ Fax: _____ Home: _____ Cell: _____

Please Contact us for further information:
Mail: P.O. Box 807, Lake Cowichan, BC V0R 2G0
Office Physical: 231 Nootka Crescent

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