

Inland Empire Equipment Managers Association

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www.iegcsa.org

Membership Application Form

Name of Applicant _____ **For Office Use Only:**
Course/Company Name _____ **Date Received:**
Office Mailing Address _____ **Memb. Number:**
City, State, Zip _____ **Payment**

Office / Shop Phone: (____) _____ - _____ Date Started Present Position _____
Office / Shop Fax: (____) _____ - _____ **Title of Position:** _____
Office/ Shop Toll Free: (____) _____ - _____ **E-mail address:** _____
Cell/Mobile : (____) _____ - _____ **Type of Course:** _____ **Number of Holes** _____

I would prefer to receive all mailings at my: Home Address _____ Office Address _____

Are you a member of GCSAA? _____ **GCSAA Class & Membership Number:** _____

Past Positions Held (Do NOT Include Present Position):

From Mo. & Yr.	To Mo. & Yr.	Place of Employment	City & State	Job Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Mailing Address _____
City, State, Zip _____
Home Phone (____) _____ - _____ Spouse's Name _____

Association Dues: \$ 80.00

ALL APPLICANTS COMPLETE:

I hereby make application for membership* in the INLAND EMPIRE Equipment Managers Association and attach my dues payment. Our year is from January 1 – December 31 and dues are not prorated.

Signature of applicant

Date

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*Your INLAND EMPIRE GCSA membership dues are not deductible as a charitable contribution.
They may be deductible as an ordinary necessary business deduction.*