

MICHIGAN TURFGRASS FOUNDATION MEMBERSHIP APPLICATION



APPLICANT INFORMATION

CONTACT NAME _____ FIRM NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ ALTERNATE PHONE _____ FAX _____

E-MAIL ADDRESS _____ WEB SITE ADDRESS _____



BUSINESS CATEGORIES *(Please choose one.)*

Golf Lawn Care Sod Sports Turf Municipality w/Golf Municipality/Parks Supplier
 Irrigation Retail Center Other: _____



MEMBERSHIP CATEGORIES AND DUES *(Memberships are annual.)*

REGULAR MEMBER AMOUNT: \$115.00 \$ _____
Benefits: Eligible to vote, hold office, quarterly issues of News Notes, reduced conference registration fees, and educational opportunities.

AFFILIATE MEMBER(S) AMOUNT: \$30.00 x # _____ = \$ _____
Benefits: Quarterly issues of News Notes, reduced conference registration fees, and educational opportunities.
Eligibility: Individuals are eligible for Affiliate Membership after another individual from that same organization joins as a regular member.

Please list Affiliate Member name(s) below:

1. _____ E-mail: _____
2. _____ E-mail: _____
3. _____ E-mail: _____
4. _____ E-mail: _____
5. _____ E-mail: _____
6. _____ E-mail: _____

STUDENT MEMBER AMOUNT: \$10.00 \$ _____
Benefits: Quarterly issues of News Notes and complimentary registration at conference.

ASSOCIATE MEMBER AMOUNT: \$75.00 \$ _____
Eligibility: Working and living outside of the State of Michigan.
Benefits: Quarterly issues of News Notes, reduced conference registration fees, and educational opportunities.

MEMBERSHIP SPONSORED BY: _____



RESEARCH DONATIONS

ANNUAL FUND DONATION *(Optional)* \$ _____
 LAFONTAINE ENDOWMENT \$ _____
 RIEKE ENDOWMENT \$ _____
 FOUNDERS SOCIETY \$ _____



PAYMENT

TOTAL ENCLOSED \$ _____

CHECK#: _____ *Please make checks payable to MTF.*

CREDIT CARD: VISA MASTERCARD DISCOVER AMEX | CC#: _____ EXP: _____

CARDHOLDER NAME _____ SIGNATURE _____