

EMP Application Form

Please provide the following information. (Please print clearly)

Name _____ Member# _____

Club/Course Name _____

Preferred Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Email: _____

Fax Number () _____ Years GCSAA Member _____

GCSAA Affiliated Chapter: _____

Specialization (s) that you are applying for:

___ Employee Safety and Right-to-Know

___ Golf Course Development

___ Habitat Development and Management

___ Integrated Pest Management

___ Storage, Disposal and Recycling

___ Water Quality and Application

Course Notification:

Who would you like us to notify from your club or course concerning your EMP accomplishment?

Name _____

Position/Title _____

Name of club/organization _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Media Notification:

The name of the media outlet or chapter newsletter you would like us to notify of your EMP accomplishment?

Publication Name _____

Contact Person _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Previous Specializations you have earned _____

Mail or fax application to:
GCSAA Education Department
1421 Research Park Dr.
Lawrence, KS 66049
Fax (785) 832-4449

If you have questions, please call:
Shelby Metcalf (800) 472-7878, ext. 4475