



Name \_\_\_\_\_ Title \_\_\_\_\_

Employer/Facility \_\_\_\_\_

Business       Home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Direct Supervisor name \_\_\_\_\_

*Mail with payment to:*

Oklahoma Chapter STMA c/o Dr. Justin Moss  
358 Ag Hall  
Stillwater, OK 74078  
Fax:405.744.9709

**Membership Category:**

- Sports Turf Manager \$35
- Sports Turf Manager Associate\* (Additional member(s) from the same facility) \$20

Please select the primary facility type where you are employed:

Professional Sports    Higher Education    Schools K-12    Parks and Recreation    Other \_\_\_\_\_

- Academic \$25
- Sports Turf Affiliate \$15
- Student (verification of enrollment) \$10
- Commercial \$100

Contribution To SAFE Foundation (research, education and scholarship): \$ \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

**Payment Method:**

Check (make check payable to OKSTMA)     Money Order     Purchase Order #: \_\_\_\_\_

Credit Card:    Mastercard    Visa    American Express    Discover

Name on Card \_\_\_\_\_

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*There must already be a sports turf manager from your facility before you may sign up in the Associate category.

**STMA Phone: 1.800.323.3875 |www.stma.org |OKSTMA Phone: 405. 744.5729**