

Membership Application



Experts on the Field, Partners in the Game.

Name _____ Title _____

Employer/ Facility _____

Business Home

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Fax _____ Email _____

Signature _____

Direct Supervisor Name _____

Fax to: (785) 843-2977

Or mail with payment to:
Sports Turf
Managers Association
P.O. Box 414029
Kansas City, MO 64141

Membership Category:

- Sports Turf Manager \$110
 Sports Turf Manager Associate* (Additional member(s) from the same facility) \$75

Please select the primary facility type where you are employed:

- Professional Sports Higher Education Schools K-12 Parks and Recreation
- Academic \$95
 Student (verification of enrollment) \$25
 Commercial \$295
 Commercial Associate* (Additional member(s) from the same commercial company) \$75
 Affiliate (Person who is indirectly or on a part-time basis, involved in the maintenance/management of sports fields) \$50
 Chapter Dues (contact headquarters for amount)
Chapter name) _____ \$ _____
 Contribution To SAFE Foundation (research, education and scholarship): \$ _____

Total Amount Enclosed:

\$ _____

Payment Method:

Check Money Order Purchase Order #: _____

Credit Card: Mastercard Visa American Express Discover

Name on Card _____

Card #: _____ Exp. Date: _____

Signature: _____

*There must already be a national sports turf manager from your facility or commercial member from your company before you may sign up in the Associate category.

"I know I am a better sports turf manager because of this association. As sports turf managers, we take the challenge seriously to make our fields the best possible for the next game. The resources I have access to through STMA helps me do it."

— Bob Campbell, CSFM
Higher Education
Membership Segment

Phone: 800-323-3875

www.STMA.org