Membership Application



Experts on the Field, Partners in the Game.

Name Employer/ Facility □ Home Business Address State Zip Home phone Work phone Cell phone Email Signature **Direct Supervisor Name 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: O Professional Sports O Higher Education O Schools K-12 O 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 \$50 maintenance/management of sports fields) ☐ 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:

Fax to: (785) 843-2977

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

New Members*

Did someone refer you to STMA? We would like to thank them, and enter them in our Member Get A Member Rewards Program.

Person who referred you:

Facility name:

*Not been an STMA national member since 2004. All categories of membership are eligible to recruit; new student memberships do not qualify for this program.

Dhamar 000 222 2075 CTMA a....

*There must already be a national sports turf manager from your facility or commercial member from your

Phone: 800-323-3875 www.STMA.org

company before you may sign up in the Associate category.