

SportsTurf

MANAGERS ASSOCIATION

NORTHERN CALIFORNIA CHAPTER

Chapter Membership Application

Name: _____ Title: _____
Company/Association: _____
Address _____
City _____
State _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____
E-mail: _____

Chapter Dues:

\$20 per person, per calendar year. Membership entitles member to a \$10 discount for all subsequent chapter events during that calendar year.

Mail completed application with payment to:

Sports Turf Managers Association
PO Box 414029
Kansas City, MO 64141

National STMA Web Address: www.sportsturfmanager.org

www.norcalstma.org