

1. **Full Name** _____
Company Name _____
Mailing Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ **Fax ()** _____ **Toll Free ()** _____
E-mail _____ **@** _____ **Web** _____

Completing this form serves management notice that you agree to be contacted by mail, phone, fax, and e-mail.

2. **MEMBERSHIP CATEGORIES & DUES**

Organizational (MC) **\$170** \$ _____
 Any one company that is currently involved in the management of turfgrass. Includes golf courses, lawn care companies, parks & recreation, cemeteries, nurseries, landscapers, sod producers, athletic fields, suppliers, and related organizations. Organizational Members have one contact person with full voting privileges.

Affiliate Organizational Member (MA) **Total # x \$35** \$ _____
 Any one person whose company has joined as an Organizational Member. Affiliate Members will receive all OTF mailings, will be listed in the membership directory, and will have all other member benefits, but will have no voting privileges.
Please provide additional names you would like listed as Affiliate Organization Members:
 1. _____ 3. _____
 2. _____ 4. _____
 (please make copy of this form if exceeding four affiliate member names)

Individual (MI) **\$85** \$ _____
 Any one person who is currently involved in the management of turfgrass. Individual Members have full voting privileges.

Faculty (MF)* **\$0** \$ Complimentary
 Any person involved in teaching turfgrass management, landscape, horticulture, or other related fields. Faculty Members have no voting privileges. *Faculty must enclose a copy of school ID.

Retired Member (MR)* **\$20** \$ _____
 Any member for 10 consecutive years that is now retired.

Student (MS)* **\$20** \$ _____
 Any student currently enrolled in a high school, vocational, technical school, college, or university. Student Members have no voting privileges. *Students must enclose a copy of school ID.

Ohio Turfgrass Research Trust (OTRT)
 The Ohio Turfgrass Research Trust (OTRT) is an educational organization exempt from taxation under the 501(c) (3) code of the Internal Revenue Service. Contributions to OTRT are tax deductible for federal income tax purposes to the extent provided by law.

Voluntary charitable contribution to the Ohio Turfgrass Research Trust, Inc.

Ohio Sod Producers Association **\$295** \$ _____
 By joining the Ohio Sod Producers Association, your company automatically becomes an Organizational Member of OTF.

Total Due \$ _____

3. **BUSINESS TYPE** (Please check your business type)

Golf Grounds University/Student Lawn Care Athletic
 Supplier Sod Producer Nursery/Landscape Other _____

4. **IMPORTANT!**
 Your profile will be listed in the **OTF Membership Directory**. Please be sure to check this entire page for accuracy!

PAYMENT: Membership cannot be processed without payment.

Company Check Cashier's Check/Money Order (Make check payable to OTF.)
 Debit Credit American Express Discover MasterCard VISA

Credit Card Account# _____
 Exp. Date _____ Amount to be charged \$ _____
 Cardholder's Name (Print) _____
 Authorized Signature _____

A \$25 fee will be charged for returned checks. All payments in U.S. funds drawn on U.S. banks. Please return completed form with payment to OTF.

OFFICE USE ONLY

Rcvd _____
 Amt _____
 Ck# _____
 Ackd _____