

Alumni Turf Group

Membership Application

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Cell Phone: _____

Preferred Address: Home Company

Professional Affiliations: _____

Educational Affiliation:

_____ University of Massachusetts Alum Year Graduated: _____

_____ Stockbridge School of Agriculture Alum Year Graduated: _____

_____ Winter School Program Year Graduated: _____

Membership Levels (choose one):

_____ Member(\$50) _____ Student(\$10) _____ Other Amount

The Alumni Turf Group is a 501(c)(3) organization;
a portion of your membership is tax deductible

Please remit with check payable to "The Alumni Turf Group" to:

Sharon Brownell, Executive Secretary, Alumni Turf Group, 300 Arnold Palmer Blvd, Norton, MA 02766

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