



Experts on the Field, Partners in the Game.

JOIN OSTMA TODAY!

Return payment with this form.

Thanks in advance for your support of our rapidly growing industry.

APPLICATION FOR MEMBERSHIP

Member Information:

Name _____

Title _____

Company _____

Type of Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

I understand that Management reserves the right to contact me at the e-mail address above.

Signature _____

Referred By _____

Ohio Sports Turf Managers Association

Membership Category (please check one)

- Sports Turf Manager \$35
- Commercial \$75
- Student..... \$15
- Each additional member from the same facility (please list names & e-mail)..... \$25

Total Amount Enclosed\$ _____

Please enclose payment (check or money order) and send to:

Ohio Sports Turf Managers Association
P.O. Box 3426
Dublin, Ohio 43016

Telephone: (614) 354-1196
E-Mail: ostma@ostma.org
Web Site: www.ostma.org

METHOD OF PAYMENT (payment due at time of order):

Company Check Money Order MasterCard VISA

All payments in U.S. funds drawn on U.S. bank.

Credit Card Account # _____

Amount to be charged \$ _____

Credit Card Exp. Date _____

Cardholders Name (Print) _____

Authorized Signature _____

A \$25 fee will be charged for all returned checks.