

# IOWA GCSA RECLASSIFICATION CHANGE FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail

**GCSAA Member: You MUST be a GCSAA Member to be Class A or SM**

Yes - Member # \_\_\_\_\_ (required)       No       In the process of joining

I would like to request a classification change from Class \_\_\_\_\_ to Class \_\_\_\_\_

## Employment History

\_\_\_\_\_  
1. Club or Course

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Dates Employed

\_\_\_\_\_  
Positions Held

\_\_\_\_\_  
2. Club or Course

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Dates Employed

\_\_\_\_\_  
Positions Held

\_\_\_\_\_  
3. Club or Course

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Dates Employed

\_\_\_\_\_  
Positions Held

**Signed:** \_\_\_\_\_

(Club Owner/Manager/Employer/Board Member)

\_\_\_\_\_  
(Phone Number – for verification)

**Please Submit to Nicol: Iowa Turfgrass Office ▪ 17017 US Hwy 69 ▪ Ames, IA 50010 OR FAX: 515-232-8228**