



P.O. Box 148 Rock Hill, SC 29731

www.scstma.org

South Carolina Chapter of the Sports Turf Managers Association Membership Form

Date _____

Name _____

Company _____

Address _____

Phone _____ Fax _____

e-mail _____

Regular Member \$20 for STMA member \$30 for non-STMA members \$ _____

Student Member \$15 \$ _____

Total \$ _____

PAYMENT If necessary, a single payment for all attending is acceptable.

Write checks to:

South Carolina Chapter of the Sports Turf Managers Association

P.O. Box 148

Rock Hill, SC 29731

Credit Card

Master Card _____ Visa _____

Name on Credit Card _____

Credit Card No. _____

Expiration Date _____

Refer questions to Mike Burgess at (803) 280-6906 or by email: mike.burgess@smihturf.com

Experts on the field, partners in the game!