

IOWA GCSA CLASSIFICATION 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 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)