

# Membership Application



## SPORTS FIELD MANAGEMENT ASSOCIATION

Fax to: (785) 843-2977

Or mail with payment to:  
Sports Field  
Management Association  
PO Box 1673  
Lawrence, KS 66044

Name \_\_\_\_\_ Title \_\_\_\_\_

Employer/ Facility \_\_\_\_\_

Business  Home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Direct Supervisor Name \_\_\_\_\_

**Membership Category:**

- Sports Field Manager \$130
- Sports Field Manager Associate\* (Additional member(s) from the same facility) \$85

Please select the primary facility type where you are employed:

- Professional Sports  Higher Education  Schools K-12  Parks and Recreation

Academic \$110

Student (verification of enrollment) \$30

Commercial \$340

Commercial Associate\* (Additional member(s) from the same commercial company) \$85

Affiliate (Person who is indirectly or on a part-time basis, involved in the maintenance/management of sports fields) \$60

Retired \$60

Chapter Dues (contact headquarters for amount)  
Chapter name) \_\_\_\_\_ \$ \_\_\_\_\_

Contribution to SAFE Foundation (research, education, and scholarship):  
\$ \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

**Payment Method:**

Check  Money Order  Purchase Order #: \_\_\_\_\_

Credit Card:  Mastercard  Visa  American Express  Discover

Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Did someone refer you to SFMA? We would like to thank them, and reward them with an SFMA \$100 voucher.*

Person who referred you:  
\_\_\_\_\_

Facility name:  
\_\_\_\_\_

\*There must already be a national sports field member from your facility or commercial member from your company before you may sign up in the Associate category.