

# AGCSA Members Personal Data Correction and Classification Change Form

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\*\*\*\*\* Please use this form to notify your AGCSA office \*\*\*\*\*

Name:

Company or Club:

Street Address:

City, State, Zip:

Business Phone:

Home Phone:

Member of GCSAA?  Yes  No GCSAA Member Number:  Class:

AGCSA Member Type:  Regular  Affiliate  Student  Retired AGCSA Class:

Position:

From:

To:

Position:

From:

To:

Other Reason for Change Form: