



North Carolina Sports Turf Managers Association Membership Form

Date: _____

Name: _____

Company/Organization: _____

Address: _____

Phone: _____ (optional)

e-mail: _____

Please circle one of the following

STMA Member/\$20

Non-STMA Member/\$30

Student Member/\$15

Checks are made payable to:

**NCSTMA
PO Box 50358
Raleigh NC 27650**

Questions may be addressed to Casey Reynolds (919) 270-6298 or Casey_Reynolds@ncsu.edu.
Thank you for your interest in our organization and we look forward to serving you in 2008.