

AFGMI Membership Application

Organization Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

What Best Describes Your Operation?

K-12 School

Sports Team

College or University

Institutional Grounds

Athletic Club

Industry Supplier

Parks Department

Other _____

What Are Your Primary Interests?

Sports Field Management

General Grounds Maintenance

Weed & Disease Control

Fertilization

Athletic Field Construction/Renovation

Tree & Shrub Care

Other _____

**Make checks payable to:
AFGMI • PO Box 481 • Carmel, IN 46082**