



TURFGRASS GROWERS ASSOCIATION

Application for Membership

Please use BLOCK CAPITALS or TYPESCRIPT to complete this form. The information provided will be **Confidential to the TGA Council**. The application form when completed, should be returned in the enclosed reply paid envelope to:- TGA Office, 133 Eastgate, LOUTH, Lincs., LN11 9QG

1. Business Name / Trading Title
2. Full Postal Address
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- County Post Code
- Telephone (STD Code Number)
- Fax Website
- E-mail Address
3. Classification of Business (PLC / Private Limited / Partnership / Subsidiary / Sole Trader) applying for membership
(delete as appropriate)
4. Area Grown hectares/acres (delete as appropriate)
5. Do you serve customers Nationally/Locally? (delete as appropriate)
6. Are you a member of any other Trade / Professional Associations? (please give names of organisations):
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I / WE AGREE THAT IF WE ARE ACCEPTED INTO MEMBERSHIP OF THE ASSOCIATION, I / WE WILL ABIDE BY THE CODE OF CONDUCT*. IF ACCEPTED, I / WE AGREE TO PAY SUBSCRIPTIONS PROMPTLY, AS INVOICED.

Signed Date

Full Name of Person making Application

Position in Business

* Copy of Code of Conduct attached.