



Name _____ Title _____

Employer/Facility _____

Business Home

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email _____

Signature _____

Direct Supervisor name _____

Mail with payment to:

Oklahoma Chapter STMA c/o Chrissie Segars
358 Ag Hall
Stillwater, OK 74078
Fax: 405.744.9709

Membership Category:

- Sports Turf Manager \$35
- Sports Turf Manager Associate* (Additional member(s) from the same facility) \$20

Please select the primary facility type where you are employed:

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

- Academic \$25
- Student (verification of enrollment) \$10
- Single Commercial \$100
- Commercial Silver \$500
- Commercial Gold \$750
- Commercial Platinum \$1000
- Affiliate (Coach, Athletic Director, etc.) \$15

Contribution To SAFE Foundation (research, education and scholarship): \$ _____

Total Amount Enclosed: \$ _____

Payment Method:

Check (make check payable to OKSTMA) Money Order Purchase Order #: _____

*Credit cards are accepted only when joining through National STMA

*There must already be a sports turf manager from your facility before you may sign up in the Associate category.

STMA Phone: 1.800.323.3875 |www.stma.org |OKSTMA Phone: 405. 744.5729