

Illinois Turfgrass Foundation

11855 Archer Avenue
Lemont, IL 60439
630-243-7900 phone
630-257-0362 fax
illinoisturfgrassfoundation.org

Application for Membership



First Name _____ Middle _____ Last Name _____

Company _____

Address 1 _____

Address 2 _____

City _____ State _____ Zipcode _____

Mobile Phone () _____ Phone () _____

Fax () _____

Email _____

Primary Turf Profession (select one)

- Golf
- Sports Turf
- Lawn Care
- Sod Producer
- Landscape
- Supplier
- Other _____

By providing my email address, I authorize ITF to contact me with all ITF correspondence through this method. I can opt out at any-

Please remit this application with your first year dues in the amount of \$100.00.

Please make checks payable to: ITF, 11855 Archer Avenue, Lemont, IL 60439 or faxed to 630-257-0362

Check / Money Order _____ (payable Illinois Turfgrass Foundation) Total Amount: \$ 100

If paying by credit card, please fill out following completely and legibly:

Visa Mastercard

Credit Card Number:

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Expiration Date:

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Name on Card _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Office Use Only
Paid _____
Entered _____