



Kansas Turfgrass Foundation Founders Society Membership Form

- I am interested in joining KTFFS. Enclosed is \$1,000
- I am interested in joining KTFFS using the payment plan. Enclosed is \$ _____

Name _____

Organization _____

Mailing address _____

City _____ State _____ Zip _____

Phone number _____ E-mail _____

Please mail to: Kansas Turfgrass Foundation
Attn.: Christy Dipman
2021 Throckmorton Hall, KSU
Manhattan, KS 66506-5507

Thank you for your generous support!

Payment:

Check payable to Kansas Turfgrass Foundation enclosed Please invoice

Credit card Type: _____ No. _____

Exp. _____ 3-4 digit CID _____

Name on card (printed) _____