

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1259705

Vendor Name: Sports Turf Managers Associati

Invoice Number: BEHR032218

Invoice Date: 03/22/18

PO Number:

Check Number: 0235163

Check Amount: \$ 175.00

Check Date: 04/18/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0509278

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

# Membership Application

## **SportsTurf** MANAGERS ASSOCIATION **04/16/18 - ROBERT MAREK** Experts on the Field, Partners in the Game.

Fax to: (785) 843-2977

Or mail with payment to:  
Sports Turf  
Managers Association  
P.O. Box 414029  
Kansas City, MO 64141

Note: This form is valid only for first time STMA National members through September.  
Membership benefits continue through Dec. 31.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Employer/ Facility College of DuPage  
☒ Business ☐ Home  
Address 425 Fawell Blvd  
City Glen Ellyn State IL Zip 60137  
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Signature T. B.  
Direct Supervisor Name V. Mechelle

### New Members\*

As a new members, you receive a FREE conference registration, value \$375! Just indicate your status on the conference registration form.

Did someone refer you to STMA? We would like to thank them, and reward them with an STMA \$100 voucher.

Person who referred you:

\_\_\_\_\_

Facility name:

\_\_\_\_\_

### Membership Category:

- ☐ Sports Turf Manager \$130  
☐ Sports Turf Manager Associate\* (Additional member(s) from the same facility) \$85

Please select the primary facility type where you are employed:

- ☐ Professional Sports ☐ Higher Education ☐ Schools K-12 ☐ Parks and Recreation

- ☐ Academic \$110

- ☐ Student (verification of enrollment) \$30

- ☐ Commercial \$340

- ☐ Commercial Associate\* (Additional member(s) from the same commercial company) \$85

- ☐ Affiliate (Person who is indirectly or on a part-time basis, involved in the maintenance/management of sports fields) \$60

- ☐ Retired \$60

- ☐ Chapter Dues (contact headquarters for amount)

Chapter name) Illinois \$ 45

- ☐ Contribution To SAFE Foundation (research, education and scholarship): \$ \_\_\_\_\_

**Total Amount Enclosed:**

\$ 175

### Payment Method:

- ☐ Check ☐ Money Order ☐ Purchase Order #: \_\_\_\_\_

Credit Card: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*There must already be a national sports turf member from your facility or commercial member from your company before you may sign up in the Associate category.

Phone: 800-323-3875

www.STMA.org

\*Not been an STMA national member since 2000. New student and affiliate memberships do not qualify for the free conference registration. However, all members are eligible to receive the \$100 voucher for referring a new qualifying member.

**In order to receive the FREE conference registration, you must be a current member in the year that you use the registration.**

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## **ILLINOIS CHAPTER**



Experts on the Field, Partners in the Game.

For information on the Illinois Chapter or upcoming events, visit them at [www.ilstma.org](http://www.ilstma.org) or contact them at [illinoisstma@gmail.com](mailto:illinoisstma@gmail.com).

### **Illinois Chapter Contact:**

Claudia Michaels

Email: [illinoisstma@gmail.com](mailto:illinoisstma@gmail.com)

### **Illinois Chapter Dues:**

All Member categories: \$45

All Commercial categories: \$75

All Professional categories: \$45

All Student categories: \$10

## **ABOUT STMA**

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[Board of Directors](#)

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MAR 19 2018

41P - Please return check to [redacted]

**Human Resources**

**Professional Dues Reimbursement**  
(Classified • Managerial • FOP • Union 399)  
Eligible after 6 months probation

Employee name: [redacted] Date: 3.14.18  
Department: GROUND Colleague ID#: [redacted]

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 175 for membership dues in:

Name of organization: STMA NATIONAL : STMA Illinois local

Address: (needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)

SPORTS TURF MANAGERS ASSOCIATION,

P.O. Box 414029, KANSAS CITY, MO 64141

Purpose of organization: ADVANCE : EDUCATE sports turf employees

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

DENIED ☐

Signature of Dean or Administrator: [Signature] Date: 3.16.18

**Obtain signature of Dean or Administrator — Mail to Human Resources**

**OFFICE USE ONLY:**

Reimbursement amount \$ 175.00 Account #01-90-00835-52090-19 Fiscal year: 18

H/R approval: ACappel Date sent to Accounts Payable: 3/22/18

Date request approved: \_\_\_\_\_ Date expense approved: \_\_\_\_\_

# 1250705

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From: marekr@cod.edu  
Sent: Thu Apr 12 12:25:27 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: prof dev form  
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Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage  
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu  
-----Original Message----- From: cassel@cod.edu Sent: Thursday, March 22, 2018 9:45 AM To: Cassel,  
Adrienne ; Marek, Robert Cc: Mosher, Jill Subject: prof dev form Please open the attached document. It was  
scanned and sent to you using a Xerox Multifunction Printer. Attachment File Type: pdf, Multi-Page  
Multifunction Printer Location: SRC-3 Device Name: Printer-268

[attachment: prof dev form.pdf]