

2017 Sponsorship Levels & **Membership Renewal Invoice** Class AF-1 & AF-2

Affiliate Primary & Secondary Member

Thank you for renewing your membership with Cactus & Pine, GCSA. Please contact us with any questions: 480-609-6778, Fax 480-348-5976 or Carmella@cactusandpine.com Visit our website at www.cactusandpine.com

Credit Cards (MasterCard & Visa) Accepted for payment. If payment by check, please make payable to Cactus & Pine, GCSA

Sponsorship Levels & Membership Dues for Year 2017 **Descriptions for Sponsorship Levels Attached**

Name		
Title		
Street or P.O. Box Nur	mber	
City	State	Zip
Home Telephone #:	Cell #:	
Information Preferre I hereby authorize Cad Information by fax and	tus & Pine to	

Mailing Address:

□ Gold Level Member □ Silver Level Member □ Bronze Level Member □ Copper Level Member □ Copper Level Member □ Copper Level Member □ AF-1 Affiliate Primary Member □ *All Inclusive AF-1 MBSH/Seminars □ *All Inclusive AF-2 MBSH/Seminars □ *All Inclusive Memberships are Non Transferable □ *All Inclusive Memberships are Non Transferable □ *All Inclusive Memberships are Non Transferable □ *Amiliant Liaison Board Member □ Golf Handicap: □ Golf Handicap: □ Birth Date:	☐ Platinum Level Member	\$ <u>6,000.00</u>	Street or P.O. Box Numb	er	
□ Bronze Level Member □ Copper Level Member □ Copper Level Member □ Copper Level Member □ Secondary Member □ AF-1 Affiliate Primary Member □ AF-2 Affiliate Secondary Member □ *All Inclusive AF-2 MBSH/Seminars □ AF-2 Affiliate Secondary Member □ *All Inclusive AF-2 MBSH/Seminars □ AF-2 Affiliate Secondary Member □ *All Inclusive AF-2 MBSH/Seminars □ AF-2 Affiliate Secondary Member □ *All Inclusive Memberships are Non Transferable □ *All Inclusive Memberships are Non Transferable □ *Department of Agriculture #: □ QP/OPM Number: □ I am interested in serving on the following Committee(s) (Please Choose) □ Education □ Government Relations □ Membership □ Fundraising □ Scholarship/Research □ Publications/PR □ Affiliate Liaison Board Member Golf Handicap: Birth Date:	☐ Gold Level Member	\$ <u>4,000.00</u>	City	State	Zip
□ Copper Level Member □ Copper Level Member □ Copper Level Member □ Membership Only □ AF-1 Affiliate Primary Member □ *All Inclusive AF-1 MBSH/Seminars □ *All Inclusive AF-2 MBSH/Seminars □ *All Inclusive Memberships are Non Transferable □ *All Inclusive Memberships are Non Transferable □ Department of Agriculture #: □ QP/OPM Number: □ I am interested in serving on the following Committee(s) (Please Choose) □ Education □ Government Relations □ Membership □ Fundraising □ Scholarship/Research □ Publications/PR □ Affiliate Liaison Board Member Golf Handicap: □ Birth Date: _ / _ / _ Amt:\$ _ Credit Card #: _ Slitting Address: _ City: _ State _ Zip	☐ Silver Level Member	\$ <mark>2,000.00</mark>			
□ Copper Level Member Membership Only AF-1 Affiliate Primary Member *AII Inclusive AF-1 MBSH/Seminars *AII Inclusive AF-2 MBSH/Seminars *AII Inclusive Memberships are Non Transferable *Department of Agriculture #: *QP/OPM Number: *I am interested in serving on the following Committee(s) (Please Choose) *Education *Government Relations *Affiliate Liaison Board Member *Affiliate Liaison Board Member *Golf Handicap: *Birth Date:	☐ Bronze Level Member	\$ <u>1,000.00</u>	Information Preferred	by: E-Mail_	
Membership Only	☐ Copper Level Member	\$ <u>600.00</u>			
*All Inclusive AF-1 MBSH/Seminars \$ 535.00 AF-2 Affiliate Secondary Member \$ 100.00 OR	Membership Only				n Directory
AF-2 Affiliate Secondary Member \$ 100.00 OR City State Zip Street or P.O. Box Number City State Zip Work/Cell Telephone # (To Be Listed in Directory) Work Fax #: Page 1 an interested in serving on the following Committee(s) (Please Choose) Committee(s) (Please Cho		\$ 225.00	Name of Golf Course / Company		
All Inclusive Memberships are Non Transferable • Department of Agriculture #: • QP/OPM Number: • I am interested in serving on the following Committee(s) (Please Choose) □ Education □ Government Relations □ Membership □ Scholarship/Research □ Affiliate Liaison Board Member Golf Handicap: Birth Date: Shirt Size: Office Use Only City State Zip Work/Cell Telephone # (To Be Listed in Directory) Work Fax #: To Be Listed in Directory Work Fax #: Work/Cell Telephone # (To Be Listed in Directory) Work Fax #: To Be Listed in Directory Shame of Spouse: Children: Credit Card: MC VISA Exp Date: J 3 or 4 Digit Code: Name on Card: Credit Card #: Shirt Size: Office Use Only City: State Zip CONTRIBUTION TO THE RESEARCH & PUBLICATION	□ *All Inclusive AF-1 MBSH/Semina		Street or P.O. Box Numb	<u> </u>	
Department of Agriculture #: QP/OPM Number: I am interested in serving on the following Committee(s) (Please Choose) Government Relations Membership Fundraising Scholarship/Research Publications/PR Affiliate Liaison Board Member Golf Handicap: Birth Date:// Shirt Size: Office Use Only Contribution	OR		City	State	Zip
Department of Agriculture #: QP/OPM Number: I am interested in serving on the following Committee(s) (Please Choose) Government Relations Membership	All Inclusive Memberships are Non Transferable		Work/Cell Telephone	# Wor	k Fax #:
	QP/OPM Number: I am interested in serving on the for Committee(s) (Please Choose) Education	ellowing nent Relations ing ions/PR	Name of Spouse: Credit Card:M Exp Date:/_/_ Name on Card: Credit Card #: Billing Address: City:	CVISA 3 or 4 Dig	A git Code: Zip
Letter:Directory: ARIZONA'S TURFGRASS INDUSTRY \$	Credit Card:Database:	edit Card:Database: OF THE 2017 ECONOMIC IMPACT STUDY SUP			