



10685 N. 69<sup>th</sup> Street, Scottsdale, AZ 85254

## 2018 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](mailto:Carmella@cactusandpine.com)  
Visit our website at [www.cactusandpine.com](http://www.cactusandpine.com)

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

#### Mailing Address:

#### Sponsorship Levels & Membership Dues for Year 2018

#### Descriptions for Sponsorship Levels Attached

- ☐ Platinum Level Member **\$6,000.00**
- ☐ Gold Level Member **\$4,000.00**
- ☐ Silver Level Member **\$2,000.00**
- ☐ Bronze Level Member **\$1,000.00**
- ☐ Copper Level Member **\$ 600.00**

#### Membership Only

- ☐ AF-1 Affiliate Primary Member **\$ 225.00**
- OR**
- ☐ \*All Inclusive AF-1 MBSH/Seminars **\$ 535.00**
- ☐ AF-2 Affiliate Secondary Member **\$ 100.00**
- OR**
- ☐ \*All Inclusive AF-2 MBSH/Seminars **\$ 410.00**

All Inclusive Memberships are Non Transferable

Name \_\_\_\_\_

Title \_\_\_\_\_

Street or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Information Preferred by: E-Mail \_\_\_\_\_ Fax \_\_\_\_\_  
I hereby authorize Cactus & Pine to send me  
Information by fax and/or email:

Your signature required

#### Information to be Listed in Directory

Name of Golf Course / Company \_\_\_\_\_

Street or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work/Cell Telephone # \_\_\_\_\_ Work Fax #: \_\_\_\_\_  
(To Be Listed in Directory)

#### E-Mail Address

Name of Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

Credit Card: \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 or 4 Digit Code: \_\_\_\_\_

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

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shirt Size: \_\_\_\_\_

Office Use Only

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt:\$ \_\_\_\_\_  
Check # \_\_\_\_\_ Cash: \_\_\_\_ MO \_\_\_\_  
Credit Card: \_\_\_\_\_ Database: \_\_\_\_\_  
Letter: \_\_\_\_\_ Directory: \_\_\_\_\_

**CONTRIBUTION TO THE RESEARCH & PUBLICATION  
OF THE 2018 ECONOMIC IMPACT STUDY SUPPORTING  
ARIZONA'S TURFGRASS INDUSTRY \$ \_\_\_\_\_**