



10685 N. 69th Street, Scottsdale, AZ 85254

2019 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

Mailing Address:

<u>Sponsorship Levels & Membership Dues for Year 2019</u>	
<u>Descriptions for Sponsorship Levels Attached</u>	
<input type="checkbox"/> Platinum Level Member	\$6,000.00
<input type="checkbox"/> Gold Level Member	\$4,000.00
<input type="checkbox"/> Silver Level Member	\$2,000.00
<input type="checkbox"/> Bronze Level Member	\$1,000.00
<input type="checkbox"/> Copper Level Member	\$ 600.00
Membership Only	
<input type="checkbox"/> AF-1 Affiliate Primary Member	\$ 235.00
OR	
<input type="checkbox"/> *All Inclusive AF-1 MBSH/Seminars	\$ 545.00
<input type="checkbox"/> AF-2 Affiliate Secondary Member	\$ 100.00
OR	
<input type="checkbox"/> *All Inclusive AF-2 MBSH/Seminars	\$ 420.00
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: <input type="checkbox"/> MO <input type="checkbox"/>
Credit Card: _____ Database: _____
Letter: _____ Directory: _____

CONTRIBUTION TO THE RESEARCH & PUBLICATION OF THE 2019 ECONOMIC IMPACT STUDY SUPPORTING ARIZONA'S TURFGRASS INDUSTRY \$ _____