



10685 N. 69th Street, Scottsdale, AZ 85254

2019 Membership Renewal Invoice

Class A, B, Facility, C, GE, Student & AS Golf Course Personnel

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 (Master Card, Visa & AMEX) Accepted for payment. If payment by check, please make payable to Cactus & Pine, GCSA

Mailing Address:

Membership Dues for Year 2019

- A Superintendent (More Than 3 years) \$180.00
- B Superintendent (Less Than 3 years) \$180.00
- Facility Membership \$180.00
- C Assistant Superintendent \$110.00
- General or Associate \$120.00
- Student \$ 25.00
- OR
- All Inclusive Membership/Seminars \$500.00
(*NON TRANSFERABLE) ALL Class C \$415.00
- Honorary, Retired Membership NO CHARGE

- I am a Certified GC Superintendent. Yes ___ No ___
- GCSAA Number: _____
- Office of Pest Management Number: _____
- Arizona Department of Agriculture #: _____
- Water Source: _____
- Type of Club/Course: Private Semi Public
- Type of grass on my course:
Greens: _____ Fairways: _____
- Do you Overseed your Roughs? Yes: ___ No: ___
- I am interested in serving on the following Committee(s) (Please Choose)
 - Education Government Relations
 - Membership Fundraising
 - Scholarship/Research Publications/PR
 - Serving on the Board of Directors

Golf Handicap: _____
Birth Date: ___/___/___
Shirt Size: _____

Office Use Only

Received: ___/___/___ Amt: _____
 Check # _____ Cash ___ MO ___ Credit Card ___
 Database: _____ Card: _____ Letter: _____
 Directory: _____ Cactus Clippings: _____

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 _____