

10685 N. 69th Street, Scottsdale, AZ 85254

## 2020 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

**Mailing Address:** 

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

Sponsorship Levels & Membership Dues for Year 2020 **Descriptions for Sponsorship Levels Attached** 

Name		
Title		<u></u>
Street or P.O. Box Nun	nber	
City	State	Zip
Home Telephone #:	Cell #:	
Information Preferre I hereby authorize Cad Information by Text an  Your signature requ Information to	etus & Pine to nd/or email: ired	o send me
Name of Golf Course /	Company	
Street or P.O. Box Nun	nber	
City	State	Zip
Work or Cell Telepho (To Be Listed in Dire		Work Fax #:
E-Mail Address Name of Spouse:		hildren:
Credit Card: MC_VISA		
fee will be added when us	sing a Credit C	Card
Exp Date://		_
Name on Card:	<del> </del>	
Credit Card #:		
Billing Address:		

□ Platinum Level Member	\$ <u>6,000.00</u>			
		Street or P.O. Box Number		
☐ Gold Level Member	\$ <u>4,000.00</u>	City	State	
☐ Silver Level Member	\$ <u>2,000.00</u>			<b>,</b>
☐ Bronze Level Member	\$ <u>1,000.00</u>	Home Telephone #:		
□ Copper Level Member \$_600.00		Information Preferred by: E-MAILTEXT I hereby authorize Cactus & Pine to send me Information by Text and/or email:		
Membership Only  ☐ AF-1 Affiliate Primary Member  OR ☐ *All Inclusive AF-1 MBSH/Seminars	\$ <u>255.00</u> \$ <u>575.00</u>	Your signature requi Information to	oe Listed	in Directory
☐ AF-2 Affiliate Secondary Member OR	\$ 100.00	Street or P.O. Box Num	ber	
*All Inclusive AF-2 MBSH/SeminarsAll Inclusive Memberships are Non Train	\$ 440.00 nsferable	City	State	Zip
<ul> <li>Department of Agriculture #:</li></ul>		Work or Cell Telepho (To Be Listed in Dire		Work Fax #:
Committee(s) (Please Choose)	•	E-Mail Address		
☐ Education ☐ Government☐ ☐ Membership ☐ Fundraising	Name of Spouse:Children:			
☐ Scholarship/Research ☐ Publications/PR ☐ Affiliate Liaison Board Member		Credit Card: MC _VISA AMEX A 3% Processing fee will be added when using a Credit Card		
Golf Handicap:		Exp Date:/ 3 or 4 Digit Code:		
Birth Date:// Shirt Size:		Name on Card:		
Office Use Only		Credit Card #:		
Received:/ Amt:\$		Billing Address:		
Check # Cash:MO Credit Card: Database: Letter: Directory:		ON TO THE RESEAR		

\$6,000,00