



10685 N. 69th Street, Scottsdale, AZ 85254

2020 Membership Renewal Invoice

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

Thank you for renewing your membership with Cactus & Pine, GCSAA. 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, GCSAA

Mailing Address:

Membership Dues for Year 2020

- ☐ A Superintendent (More Than 3 years) **\$200.00**
- ☐ B Superintendent (Less Than 3 years) **\$200.00**
- ☐ Facility Membership **\$200.00**
- ☐ C Assistant Superintendent **\$130.00**
- ☐ **NEW MEMBER** C Assistant Superintendent
- First Year: **\$65.00**
- ☐ Mechanic, Irrigation, Spray Tech **\$100.00**
- ☐ General or Associate **\$140.00**
- ☐ Student **\$ 25.00**
- OR
- ☐ All Inclusive Membership/Seminars **\$540.00**
- (*NON TRANSFERABLE) ALL Class C **\$455.00**
- ☐ 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 _____ Credit Card _____
Database: _____

Name _____

Title _____

Street or P.O. Box Number _____

City _____ State _____ Zip _____

Home Telephone #: _____

Cell #: _____

Information Preferred by: **E-MAIL** ☐ **TEXT** ☐

I hereby authorize Cactus & Pine to send me Information by Text 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 ☐ AMEX ☐ A 3% Processing fee will be added when using a Credit Card

Exp Date: ____/____/____ 3 or 4 Digit Code: _____

Name on Card: _____

Credit Card #: _____

Billing Address: _____

City: _____ State _____ Zip _____