



10685 N. 69th Street, Scottsdale, AZ 85254

2013 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 (Mastercard & Visa) Accepted for payment. If payment by check, please make payable to Cactus & Pine

Mailing Address:

Membership Dues for Year 2012

- A Superintendent (More Than 3 years) **\$170.00**
- B Superintendent (Less Than 3 years) **\$170.00**
- Facility Membership **\$170.00**
- C Assistant Superintendent **\$105.00**
- General or Associate **\$100.00**
- Student **\$25.00**
- OR
- All Inclusive Membership/Seminars **\$430.00**
(*NON TRANSFERABLE)
- OR
- All Inclusive Membership/Karsten **\$690.00**
(*NON TRANSFERABLE)
- CACTUS & PINE GOLF HANDICAP SERVICE \$15.00**
(USGA Universal Golf Handicap Service Provided for you.)

- I am a Certified GC Superintendent. Yes ___ No ___
- GCSAA Number: _____
- Office of Pest Management Number: _____
- Water Source: _____
- Type of Club/Course: Private Semi Public
- Type of grass on my course:
Greens: _____ Fairways: _____
- 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 _____

**Donation to The Golf & Environmental
Foundation of Arizona: \$**