

10685 N. 69th Street, Scottsdale, AZ 85254

## **2018 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 <a href="mailto:Carmella@cactusandpine.com">Carmella@cactusandpine.com</a>
Visit our website at <a href="mailto:www.cactusandpine.com">www.cactusandpine.com</a>

**Mailing Address:** 

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

## **Membership Dues for Year 2018** Name ☐ A Superintendent (More Than 3 years) \$170.00 Title ☐ B Superintendent (Less Than 3 years) \$170.00 Street or P.O. Box Number ☐ Facility Membership \$170.00 State Zip ☐ C Assistant Superintendent \$105.00 Home Telephone #: Cell #: **Information Preferred by:** E-Mail Fax ☐ General or Associate \$115.00 I hereby authorize Cactus & Pine to send me 25.00 ☐ Student Information by fax and/or email: OR **□** All Inclusive Membership/Seminars \$490.00 Your signature required (\*NON TRANSFERABLE) ALL Class C \$405.00 Information to be Listed in Directory I am a Certified GC Superintendent. Yes \_\_ No \_\_ Name of Golf Course / Company GCSAA Number: Office of Pest Management Number: Arizona Department of Agriculture #: \_\_\_\_\_ Street or P.O. Box Number Water Source: Type of Club/Course: ☐ Private ☐ Semi ☐ Public City State Zip Type of grass on my course: Greens: Fairways: Do you Overseed your Roughs? Yes: No: Work/Cell Telephone #: Work Fax #: (To Be Listed in Directory) I am interested in serving on the following Committee(s) (Please Choose) □ Education □ Government Relations E-Mail Address ■ Membership □ Fundraising ☐ Scholarship/Research ☐ Publications/PR Name of Spouse: \_\_\_\_\_ Children: \_\_\_\_\_ ☐ Serving on the Board of Directors Credit Card: \_\_\_\_MC \_\_\_\_VISA \_\_\_\_ Golf Handicap: \_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_3 or 4 Digit Code: \_\_\_\_\_ Shirt Size: \_\_\_\_ Name on Card: \_\_\_\_\_ Credit Card #: Office Use Only Received:\_\_\_/\_\_\_\_ Amt:\_ Billing Address: \_\_\_\_\_ Check # \_\_\_\_\_ Cash\_\_MO\_\_Credit Card\_\_ Card: Letter: Database: City: \_\_\_\_\_ State\_\_\_ Zip\_\_\_ Directory: \_\_\_\_ Cactus Clippings: \_\_\_\_