



Cactus & Pine Arizona Chapter

GCSAA

Golf Course Superintendents Association of America

NEW ADDRESS: 4700 E. Thomas Road ~ Suite 108
Phoenix, AZ 85018 ~ Office: 480-609-6778 ~
Cell: 480-600-3786

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

Membership Dues for Year 2022

<input type="checkbox"/> A Superintendent (More Than 3 years)	\$200.00
<input type="checkbox"/> B Superintendent (Less Than 3 years)	\$200.00
<input type="checkbox"/> Facility Membership	\$200.00
<input type="checkbox"/> C Assistant Superintendent	\$130.00
<input type="checkbox"/> NEW MEMBER C Assistant Superintendent	
First Year:	\$65.00
<input type="checkbox"/> Mechanic, Irrigation, Spray Tech	\$100.00
<input type="checkbox"/> General or Associate	\$140.00
<input type="checkbox"/> Student	\$ 25.00
OR	
<input type="checkbox"/> All Inclusive A/B Membership/Seminars	\$540.00
(*NON TRANSFERABLE) All Inclusive Class C	\$455.00
<input type="checkbox"/> 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: _____

2022 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, Cell: 480-600-3786 or Carmella@cactusandpine.com
Visit our website at www.cactusandpine.com

Mailing Address:

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 _____