



2026 AFFILIATE MEMBER MEMBERSHIP APPLICATION

5555 E. Karsten Way ~ Suite 4 ~ Phoenix, AZ 85008 • M: 480-600-3786 Email: carmella@cactusandpine.com

The Cactus and Pine Golf Course Superintendents Association is dedicated to enhancing the professional recognition of its Members through education, leadership, collaboration, government relations and environmental stewardship. Thank you for renewing your Membership with Cactus and Pine, GCSA. Please contact us if you have any questions or visit our website at www.cactusandpine.com

1. NAME OF APPLICANT:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Prefix	First	Middle (Optional)	Last/Surname
2. ADDRESS INFORMATION: Preferred Mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Home Address		Job Title	
City, Province/State, Zip/Postal Code		Business Name	
E-mails:		Business Address	
Publish E-mails in the Cactus & Pine, GCSA		City	State
Membership Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip	
3. CACTUS & PINE, GCSA SPONSORSHIP CLASSIFICATION:			
<input type="checkbox"/> PLATINUM LEVEL SPONSOR	\$ 6,200.00		
<input type="checkbox"/> GOLD LEVEL SPONSOR	\$ 4,150.00		
<input type="checkbox"/> SILVER LEVEL SPONSOR	\$ 2,150.00		
<input type="checkbox"/> BRONZE LEVEL SPONSOR	\$ 1,150.00		
<input type="checkbox"/> COPPER LEVEL SPONSOR	\$ 650.00		
4. CACTUS & PINE, GCSA MEMBERSHIP ONLY:			
ANNUAL DUES			
<input type="checkbox"/> AF-1 Affiliate Primary Company Member \$300.00	<input type="checkbox"/> All Inclusive AF-1 Membership/Seminars/Golf \$750.00		
<input type="checkbox"/> AF-2 Secondary Company Member \$150.00	<input type="checkbox"/> All Inclusive AF-2 Membership/Seminars/Golf \$650.00		
5. COMPANY INFORMATION: SALES			
<input type="checkbox"/> Equipment: Type: _____	<input type="checkbox"/> Services: _____		
<input type="checkbox"/> Products: Type: _____			
6. METHOD OF PAYMENT			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Card No. _____ Expiration Date: ____/____ 3 or 4 Digit Code: _____		
Card Holder (Please print): _____		Signature: _____	
Billing Address: _____		City: _____	State: _____ Billing Zip Code: _____
<input type="checkbox"/> Check Enclosed	Check #: _____	*Please Make Checks Payable to Cactus & Pine, GCSA*	

I hereby submit my application for membership in the Cactus and Pine Golf Course Superintendents Association and payment of my dues for one year in advance.
I have read and agree to abide by the GCSAA Code of Ethics (visit www.gcsaa.org/about-gcsaa/governance/member-code-of-ethics).

Signature: _____ Date: _____

Office Use Only: Received: ____/____/____ Amount Paid: \$ _____ Credit Card: _____ Check: _____ Database: _____