



2026 GOLF COURSE TEAM MEMBERSHIP APPLICATION

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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	Zip
Membership Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone: Work <input type="checkbox"/>	Home <input type="checkbox"/>	Mobile <input type="checkbox"/> DO NOT PUBLISH <input type="checkbox"/>
		Golf Handicap: _____ Date of Birth: _____ / _____ / _____ Shirt Size: _____		

3. CACTUS & PINE, GCSA MEMBERSHIP CLASSIFICATION:	
ANNUAL DUES	
Please check one (1) box below.	
<input type="checkbox"/> Golf Course Superintendent (A or B): \$275.00	<input type="checkbox"/> All Inclusive A/B Membership/Seminars: \$750.00
<input type="checkbox"/> Facility Membership \$275.00	<input type="checkbox"/> All Inclusive C Membership/Seminars: \$625.00
<input type="checkbox"/> Assistant Golf Course Superintendent \$175.00	
<input type="checkbox"/> "New" First Year Assistant Golf Course Superintendent \$100.00	
<input type="checkbox"/> Student \$25.00	
<input type="checkbox"/> Associate: \$175.00	
<input type="checkbox"/> General Employee: \$125.00	
Mechanic/Spray Technician/Irrigation	
Certified Superintendent Yes _____ No _____	
GCSAA Number _____	
OPM Number _____	
ADA Number _____	
Committee Interest: _____	
Board of Director Interest: _____	

4. COURSE INFORMATION		
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Semi
Water Source: _____		
Turf Types: Greens _____	Fairways _____	
Overseed: Full _____	Partial _____	
How Many Holes: _____		

5. METHOD OF PAYMENT					
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	Card No. _____	Expiration Date: _____ /20_____	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: _____