

2026 GOLF COURSE TEAM 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: ☐ Male ☐ Female

Prefix _____ First _____ Middle (Optional) _____ Last/Surname _____

2. ADDRESS INFORMATION: Preferred Mailing address: ☐ Home ☐ Business

Home Address _____

City, Province/State, Zip/Postal Code _____

E-mails: _____

Publish E-mails in the Cactus & Pine, GCSA

Membership Directory? Yes ☐ No ☐

Job Title _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Phone: Work ☐ Home ☐ Mobile ☐ DO NOT PUBLISH ☐

Golf Handicap: _____ Date of Birth: ____/____/____ Shirt Size: _____

3. CACTUS & PINE, GCSA MEMBERSHIP CLASSIFICATION: ANNUAL DUES

Please check one (1) box below.

☐ Golf Course Superintendent (A or B): \$275.00

☐ Facility Membership \$275.00

☐ Assistant Golf Course Superintendent \$175.00

☐ "New" First Year Assistant Golf Course Superintendent \$100.00

☐ Student \$25.00

☐ Associate: \$175.00

☐ General Employee: \$125.00

Mechanic/Spray Technician/Irrigation

☐ All Inclusive A/B Membership/Seminars: \$750.00

☐ All Inclusive C Membership/Seminars: \$625.00

Certified Superintendent Yes _____ No _____

GCSAA Number _____

OPM Number _____

ADA Number _____

Committee Interest: _____

Board of Director Interest: _____

4. COURSE INFORMATION

☐ Public ☐ Private ☐ Semi

Water Source: _____

Turf Types: Greens _____ Fairways _____

Overseed: Full _____ Partial _____

How Many Holes: _____

5. METHOD OF PAYMENT

☐ Visa ☐ MasterCard ☐ American Express Card No. _____ Expiration Date: ____/____/____ 3 or 4 Digit Code: _____

Card Holder (Please print): _____ Signature: _____

Billing Address: _____ City: _____ State: _____ Billing Zip Code: _____

☐ 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: _____