



2008 MEMBERSHIP APPLICATION NEW AFFILIATE - 2 REPRESENTATIVE

Cactus and Pine GCSA
10685 N. 69th Street, Scottsdale, AZ 85254
480-609-6778, 480-348-5976 fax

carmella@cactusandpine.com www.cactusandpine.org

MEMBERSHIP FEES

Name of Company: _____ Affiliate – 2 Representative \$85.00

Affiliate –1 Representative: _____

Name _____ Total Payment \$ _____

Payment Choice:

Credit Card: _____ Check: _____

Company Address: _____

Street

City

State

Zip Code

Company Phone: _____

Company Fax: _____

Company E-Mail: _____ Company Web Site: _____

Affiliate –2 Representative: _____

Your Name

Title

Home Address: _____ Send Mail to: Home ___ Work ___

Home Phone: _____ E-mail: _____

Home Fax #: _____ Cell #: _____ Info Preference: Email ___ Fax ___

Are you a Member of G.C.S.A.A.? Yes ___ GCSAA # _____ No ___ Structural Pest: Yes ___ # _____

Birth Date: ___/___/___ Current Golf Handicap: _____

Spouse: _____ Children: _____, _____, _____

Hobbies: _____

I hereby authorize Cactus and Pine to send me information by fax and/or email: _____

Your Signature Required

I hereby submit my application for membership in the Cactus and Pine Golf Course Superintendents Association and attach herewith my dues for one year in advance. I have read and understand my responsibilities to the Code of Ethics.

Signature of Applicant

Date of Application

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