



MEMBERSHIP APPLICATION FORM

PGA of America
Attn: PGA Membership
PO Box 109601
Palm Beach Gardens, FL 33410-9601
Phone (800) 474-2776 Fax (561) 624-8439

FOR NATIONAL USE ONLY	
ID #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Initial:	<input type="checkbox"/> Yes
Re-Instate:	<input type="checkbox"/> Yes
Re-Elect:	<input type="checkbox"/> Yes

APPRENTICE ONLY PLEASE FILL OUT THE INFORMATION IN THIS SECTION

Before mailing this application you must be registered for The PGA Professional Golf Management Program Checkpoint 3/Final Experience

Program # of Checkpoint 3/Final Experience: # _____

Checkpoint 3/Final Experience Date Attending: ____/____/____

Do not mail this application until you are within 60 days of your Checkpoint 3/Final Experience.

ALL APPLICANTS PLEASE COMPLETE THE INFORMATION IN THIS SECTION

I hereby make application for affiliation with THE PROFESSIONAL GOLFERS' ASSOCIATION OF

AMERICA as a (CLASS A- _____) Member within the _____ Section of said Association

Indicate Specific Classification Above
INITIAL APPLICANTS (A1 – A23)
FORMER MEMBER REINSTATE/RE-ELECT (A1 – A-24), (LM, LMA, IN, F)

PERSONAL INFORMATION

Applicant Name: _____
First Middle Last

Present Home Address: _____
Street Apt. No.

City State Zip

E-Mail Address: _____ Home Phone #: (_____) _____
Area Code

SEND ALL MAIL TO: Home Work

Social Security #: --

Date of Birth: --

Gender and Race: This information will be used for statistical information only. Indication of gender and race is STRICTLY VOLUNTARY.

Place of Birth: _____

All responses will be confidential.

Citizen of the U.S.? Yes No
Resident Alien* Yes No

- African American
- American Indian, Aleut, Eskimo
- Asian or Pacific Islander
- Caucasian
- Hispanic or Latino
- Multi-racial/Ethnic
- Other

***Please attach verification**

EDUCATION

*High School Graduate: Yes Year _____

*GED: Yes Year _____

*College Degree: 2 Year 4 Year

*** Attach copy of diploma of highest level of education if not previously submitted**

*PGA/PGM University Graduate: Yes Year: _____ University & Location: _____

Playing Ability Test Passed: Yes in what Section: _____ Year: _____

CURRENT FACILITY INFORMATION

Is this Employment Full Time Or Part Time?

Job Description: _____

Apprentice Classification: B - (B1 – B23)

(Name of Facility/Company)

(Physical Street Address)

(City) (State) (Zip)

(Mailing Address of Facility/Company, if Different)

(City) (State) (Zip)

(County)

(Area Code) (Facility/Company Phone No.)

(Area Code) (Facility/Company Fax No.)

Office Use Only-Facility/Company Number:

PGA Section For This Employment: _____

Starting Date Of This Employment: .

Date Contract Signed Or Terms Verbally Agreed To:

.

Print Name Of Apprentice

Signature Of Apprentice

EMPLOYMENT DATES

Note: If Employment is on a seasonal basis, give **specific** beginning and ending dates of each season.

From _____ Through _____ From _____ Through _____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

From _____ Through _____ From _____ Through _____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

If currently in your "OFF SEASON" please indicate exact date you will be returning to this facility? _____

TYPE OF FACILITY

Please check one for each category, as applicable for above employment:

Category 1	Category 2	Category 3
R <input type="checkbox"/> Regulation E <input type="checkbox"/> Executive G <input type="checkbox"/> Golf School	P <input type="checkbox"/> Par Three D <input type="checkbox"/> Golf Range I <input type="checkbox"/> Indoor Facility	U <input type="checkbox"/> University R <input type="checkbox"/> Resort D <input type="checkbox"/> Real Estate Development Z <input type="checkbox"/> Resort/Real Estate Development
	E <input type="checkbox"/> Private Equity G <input type="checkbox"/> Municipal	N <input type="checkbox"/> Private Non-Equity S <input type="checkbox"/> Daily Fee/Semi Private

DRIVING RANGE: Number of Tee Stafons: _____ **FACILITY:** Number of Holes: _____

CHARACTER COMMENTS & SIGNATURES

Employer May Provide Character Comments (optional):

Signature of Employer / Immediate Supervisor

Print Name of Employer / Immediate Supervisor

EMPLOYMENT HISTORY RECORD

The information requested below is for the purpose of determining experience credits and **MUST** be provided in order for this application to be processed:

List all employment positions beginning with the 6-month pre-registration period and all subsequent positions held since registering in the Apprentice Program. If you have not submitted Employment Verification forms for any or all of the employment listed below, Employment Verification form(s) must accompany this application.

NAME OF FACILITY CITY/STATE	CAPACITY IN WHICH EMPLOYED EX: DIRECTOR OF GOLF, HEAD PROFESSIONAL, ASSISTANT	DATES OF EMPLOYMENT MONTH/DAY/YEAR	FOR OFFICE USE ONLY
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	

CALCULATION WORKSHEET (This section is for office use only)

ATTENDANCE AT NATIONAL PGA MULTIDAY WORKSHOPS/SEMINARS

If you have attended PGA of America administered three multi-day workshop/seminars please list in the space below. **Excluding The PGA Professional Golf Management Program Seminars.**

NAME OF WORKSHOP/SEMINAR	DATE(S)	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIFE INSURANCE BENEFICIARY

Designate the beneficiary for your Life Insurance policy. You **must** have a beneficiary listed for your application to be processed.

PRIMARY BENEFICIARY(IES)

Name: _____ Date of Birth: ____/____/____

Social Security Number: - - Benefit Percent: _____%

Relationship: _____

Name: _____ Date of Birth: ____/____/____

Social Security Number: - - Benefit Percent: _____%

Relationship: _____

Note: If beneficiary information changes at any time while you are a PGA member notify the Member Information Services Department at the National Office.

PGA LINKS

In addition to the PGA Membership and Golf Directory, all PGA Professionals will be added to a PGA.com directory unless the exclusion box below is checked:

I do not want my name listed in either the PGA.com directory or the PGA Membership and Golf Directory.

In order for PGA Professionals to access their records, all members and apprentices are listed in a separate directory in PGALinks.com, which is accessible by PGA members and apprentices only.

SPOUSE CARD

As a member, you are eligible to request an identification card for your spouse. If you wish to receive this card, please complete the following:

_____ Please indicate Spouse's Name to Be Imprinted on Card

IMPORTANT

All applicants are urged to be factual, as falsification of information could result in disciplinary action against any member or apprentice applicant who completes or verifies this form. **Please sign and date below.**

I agree to abide by all present and future rules and regulations of the Association and the Section with which I may be affiliated.

_____ Applicant's Signature

_____/_____/_____
Date