



# PGA MEMBER CHANGE FORM

RETURN TO SECTION:

**FOR SECTION USE ONLY**

Fine is applicable for no notification within 10 days.  
 Fine Amount  
 \_\_\_ (11-30) \$50 \_\_\_ (31-60) \$75 \_\_\_ (60+) \$100  
 If new facility, attach recognized paperwork.  
 Are constitutional classification requirements satisfied?  
 \_\_\_ Yes \_\_\_ No  
 By: \_\_\_\_\_

Name: \_\_\_\_\_ (First) (Middle Initial) (Last)

Member #: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Last 4 Digits of Social Security Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

## HOME ADDRESS

Street or Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

SEND ALL MAIL TO:  Personal/Home  Facility/Company Email Address: \_\_\_\_\_

## FORMER EMPLOYMENT INFORMATION

\_\_\_\_\_  
(Name of Facility/Company) Date termination notice given: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Last date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contract Ends: \_\_\_\_/\_\_\_\_/\_\_\_\_ PGA Section for this employment: \_\_\_\_\_  
Classification for this employment: \_\_\_\_\_

## NEW EMPLOYMENT INFORMATION

For Office Use Only Facility/Company Number: [ ] Is this a facility/company under construction?  Yes  No  
If yes, scheduled completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Name of Facility/Company)

\_\_\_\_\_  
(Physical Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Mailing Address, If Different Than Above)

\_\_\_\_\_  
(City) (State) (Zip)

Facility/Company Phone No.: (\_\_\_\_) \_\_\_\_\_ Area Code Fax No. (\_\_\_\_) \_\_\_\_\_ Area Code

Classification for new employment: \_\_\_\_\_ Section for new employment: \_\_\_\_\_

Date contract signed (or verbally agreed to): \_\_\_\_/\_\_\_\_/\_\_\_\_ First date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you:  Retired Date you retired: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unemployed Last date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of PGA Member with most management authority \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of PGA Member with most management authority \_\_\_\_\_



# PGA MEMBER CHANGE FORM

For Change of Employment, Mailing Address, Classification  
And/or Section Transfer

Article V, Section 1 and 2 of The PGA Constitution/Bylaws defined all classes of membership. Please refer to The PGA Constitution/Bylaws for these definitions.

A Member shall be deemed to have violated the Reporting Requirements for failure to notify the Association or Section of leaving or accepting a position including copy of contract and job description within ten (10) business days according to Article XI, Section 1 (a)(1) and Article XI, Section (a)(2) respectively. Fines imposed are as follows:

- \$50 for notification postmarked from the 11<sup>th</sup> to the 30<sup>th</sup> business day.
- \$75 for notification postmarked from the 31<sup>st</sup> to the 60<sup>th</sup> business day.
- \$100 for notification postmarked after the 60<sup>th</sup> business day.

Call 1-800-4PGA-PRO (474-2776) for further information, if needed.

- ❖ Prior to transferring to an active classification, INACTIVE members must successfully complete the Membership Interview required of all individuals applying for membership.

**IMPORTANT:** Members are cautioned to be factual as falsification of information could result in disciplinary action against any member who completes or verifies this form.

\*\* Changes in employment and classification must be verified by the PGA Member with the most management authority at the place of employment. For individuals who have the most management authority at the place of employment, the employment must be verified by the immediate supervisor.