



# PGA

## MEMBERSHIP APPLICATION FORM

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"/>         |
| 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**  
Submit application upon registration for the PGA PGM 1.0 Level 3 Checkpoint or PGA PGM 2.0 Level 3 Testing.

Date of PGA PGM 1.0 Level 3 Checkpoint or PGA PGM 2.0 Level 3 Testing \_\_\_\_/\_\_\_\_/\_\_\_\_.

**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, LMC, RM, 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: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

- African American       American Indian, Aleut, Eskimo      Citizen of the U.S.?     Yes     No
- Asian or Pacific Islander     Caucasian      Resident Alien\*       Yes     No
- Hispanic or Latino       Multi-racial/Ethnic     Other      \*Please attach verification

Have you ever been convicted of a misdemeanor or felony?  Yes  No  
If you answered "Yes", documentation must be included with this application.

**EDUCATION**

\*High School Graduate:  Yes Year \_\_\_\_\_ \*College Degree:  2 Year  4 Year \_\_\_\_\_

\*GED:  Yes Year \_\_\_\_\_ \* Attach copy of diploma of highest level of education if not previously submitted

\*PGA/PGM University Graduate:  Yes Year: \_\_\_\_\_ University & Location: \_\_\_\_\_

**CURRENT FACILITY INFORMATION**

Is this Employment Full Time Or Part Time?

Office Use Only-Facility/Company Number:

\_\_\_\_\_

Job Description: \_\_\_\_\_

PGA Section For This Employment: \_\_\_\_\_

Apprentice Classification: B - \_\_\_\_\_ (B1 – B23)

Starting Date Of This Employment: \_\_\_\_\_

Date Contract Signed Or Terms Verbally Agreed To: \_\_\_\_\_

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

\_\_\_\_\_  
(Facility/Company Phone No.)

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

\_\_\_\_\_  
(Facility/Company Fax No.)

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

\_\_\_\_\_  
Print Name Of Apprentice

\_\_\_\_\_  
(Mailing Address of Facility/Company, if Different)

\_\_\_\_\_  
Signature Of Apprentice

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

\_\_\_\_\_  
(County)

**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) Regulation  | (P) Par Three       | (E) Private Equity | (N) Private Non-Equity     | (M) Military                       | (U) University |
| (E) Executive   | (D) Golf Range      | (G) Municipal      | (S) Daily Fee/Semi Private | (I) Industrial                     | (R) Resort     |
| (G) Golf School | (I) Indoor Facility |                    |                            | (D) Real Estate Development        |                |
|                 |                     |                    |                            | (Z) Resort/Real Estate Development |                |

**DRIVING RANGE:** Number of Tee Stations: \_\_\_\_\_

**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**

**(Not applicable for Reinstates/Re-elects or PGA Professional Golf Management University Students)**

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<br>CITY/STATE | CAPACITY IN WHICH<br>EMPLOYED EX: DIRECTOR<br>OF GOLF, HEAD<br>PROFESSIONAL,<br>ASSISTANT | DATES OF EMPLOYMENT<br>MONTH/DAY/YEAR | FOR OFFICE USE ONLY |
|--------------------------------|---|---------------------------------------|---------------------|
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |

**CALCULATION WORKSHEET (This section is for office use only)**

**EMPLOYMENT HISTORY RECORD****(Not applicable for Reinstates/Re-elects or PGA Professional Golf Management University Students)**

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|--------------------------------|---|---------------------------------------|---------------------|
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>THROUGH:                 |                     |
|                                |   | FROM:<br><br>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