



PGA

PGA PROFESSIONAL GOLF MANAGEMENT PROGRAM APPLICATION

PRE-REQUISITES FOR REGISTRATION

Please read this application carefully and complete it in its entirety.

This application will not be processed until the following pre-requisites are met:

- Have a high school diploma or be at least 18 years of age and have the equivalent of a high school education.
- Review the information provided on PGA.org regarding the PGA Professional Golf Management Program.
- Be eligibly employed at the time of registration.
- If seasonally employed, a return date must be indicated on this application or a letter of commitment signed by your employer must be submitted with the application.
- Complete the Playing Ability Test (PAT) requirement as defined in the PGA Constitution and Bylaws.
- Complete the Background check.
- Complete the Pre-Qualifying Level Courses *

* The PGA of America adheres to all recommended ADA guidelines. If this impacts you, please contact the Senior Director of Membership Services.

SUPPORTING DOCUMENTATION

The following supporting documents **must** be included with the application:

- Proof of highest level of education - copy of diploma, an official transcript or verification of GED.

Failure to complete the application and include all of the supporting documents will delay registration into the PGA Professional Golf Management Program and/or the application may be returned unprocessed.

All applicants are required to read and write in English to successfully complete the PGA Professional Golf Management Program.

Amateur Status: All work experience earned prior to participating in an amateur event will be forfeited.

Contact Membership Services at (800) 474-2776 if you have any questions.

Completed application can be faxed or emailed. Fax: (561) 624-8439 / Email: Membershipapps@pgahq.com

Name _____

Last 4 digits of Social Security _____

CURRENT EMPLOYMENT

PREVIOUS EMPLOYMENT

Job Title _____

If position held within the last twelve months

Previous Job Title _____

Current Classification B _____

Previous Classification B _____

Start Date ____ / ____ / ____
MM DD YYYY

Start Date ____ / ____ / ____ End Date ____ / ____ / ____
MM DD YYYY MM DD YYYY

Name of Current Facility/Company

Name of Previous Facility/Company

Physical Mailing Address

Physical Mailing Address

City State Zip

City State Zip

(_____) _____
Current Facility/Company Phone

(_____) _____
Previous Facility/Company Phone

SIGNATURES

I confirm the applicant meets the eligible employment requirements as defined in the PGA Constitution & Bylaws

Signature of Current Employer / Immediate Supervisor

Signature of Previous Employer / Immediate Supervisor (If applicable)

Print Name of Current Employer / Immediate Supervisor

Print Name of Current Employer / Immediate Supervisor

Employer may provide character comments (Optional)

Employer may provide character comments (Optional)

IMPORTANT

All applicants are urged to be factual, as falsification of information could result in disciplinary action against any member or associate applicant who completes or verifies this form.

I have reviewed the Steps to Become a PGA Professional information provided on PGA.org and I agree to abide by all present and future regulations of the Association and the Section with which I am affiliated. I understand that the Associate Program registration fees and the Level 1 Materials Fee is non-refundable.

Please sign and date below

Applicant's Signature _____

Date _____



REQUEST FOR BENEFICIARY INFORMATION

Membership Services Department
 PGA of America
 PO Box 109601
 Palm Beach Gardens, FL 33410-9601
 Phone 1-800-474-2776 / Fax (561) 624-8439
 membershipapps@pgahq.com

Full Legal Name _____
 Please Print

ID Number _____

Social Security Number XXX-XX-____-____
 Last 4 digits

NAMING THE BENEFICIARY: It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also recommended that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full legal name, social security number and relationship. If the beneficiary is not related either by blood or marriage, insert the words “Not Related.”

PRIMARY BENEFICIARY(IES): Please Print

(A) Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Last Four Digits of Social Security Number: _____ Benefit Percent: _____%

Relationship: _____

(B) Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Last Four Digits of Social Security Number: _____ Benefit Percent: _____%

Relationship: _____

CONTINGENT: Please Print

(A) Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Last Four Digits of Social Security Number: _____ Benefit Percent: _____%

Relationship: _____

CONTINGENT: Please Print

(B) Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Last Four Digits of Social Security Number: _____ Benefit Percent: _____%

Relationship: _____

The beneficiary (ies) designated on this form will remain in effect until such time as you notify the PGA of America, in writing, of any changes.

 Signature

 Date

