

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.
- **Q** 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 **<u>must</u>** 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



PGA Professional Golf Management Program Application

Check one:	Initial Registration	Re-registration

For Office Use Only	
Associate #	Section:
Reg. Date	PAT:

PERSONAL INFORMATION

Applicant Name:			
	First	Middle	Last
Informal Name:			
Social Security #:		Date of Birth	: / / / MM DD YYYY
Present Home Address:			
	Street		Apt. No.
City		State	Zip
E-Mail Address:		Home Phone #: () Area Code	
		Area Code	
SEND ALL MAIL TO:	Iome 🔲 Work		
	ted of a misdemeanor or felo sumentation must be included		
Gender and Race: This inform responses will be confidential.		l information only. Indication of gender an	d race is STRICTLY VOLUNTARY. All
African American	American Indian, Aleut, E	skimo	
Asian or Pacific Islander	Caucasian		
Hispanic or Latino	Multi-racial/Ethnic	Other	
		LAST AMATEUR EVENT	
Date of last AMATEUR* H	EVENT in which you partici	pated, if any: $\frac{/}{MM DD} \frac{/}{YY} \square N$	lone
ΨD		MM DD YY	

*Participation in an amateur event will forfeit all work experience credits earned prior to the event.

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 () 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

Print Name of Current Employer / Immediate Supervisor

Employer may provide character comments (Optional)

Signature of Previous Employer / Immediate Supervisor (If applicable)

Print Name of Current Employer / Immediate Supervisor

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

Name

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

ID Number

Please Print

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:	<u> </u>	
Last Four Digits of Social Security Number:	Benefit Percent:		
Relationship:			
(B) Name:		/ /	
Last Four Digits of Social Security Number:	Benefit Percent:		
Relationship:			
CONTINGENT: Please Print			
(A) Name:	Date of Birth:	/ /	
Last Four Digits of Social Security Number:	Benefit Percent:		
Relationship:			
CONTINGENT: Please Print			
(B) Name:	Date of Birth:	/ /	_
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.



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PERSONAL INFORMATION

Applicant Name:				
**	First	Middle	Last	
Last Four of Social Security #:		Date of Birth:	/ /	
			MM / DD / YYYY	
REGISTRATION FEES / LEVEL 1 PORTAL ACCESS				

To determine registration fees which are based upon the month of registration, go to the Fees Calculator at the following:

- 1. Go to PGA.org
- 2. Click on "Path To Membership"
- 3. Click on "PGA Associate Program"
- 4. Click on the "Fees Calculator" to access Fees

Failure to submit the correct payment will delay the registration process.

PAYMENT INFORMATION

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National Fees	\$	VISA MasterCard AMEX ACH Check or Money Order
Section Fees	\$	Card# Exp. Date/
Liability Insurance	\$	MM YYYY
Life Insurance	\$	Name as it appears on Card
Member Assistance Program (MAP)	\$5.00	Card Holder's Signature: X Checking Savings Account
Registration Fee	\$ 200.00	Name on the Account
Level 1 Online Course Access Fee	\$ 560.00	Checking/Savings Account Number
Fees Total	\$	Bank Routing Number

PGA of America – Membership Services Attn: Associate Application 100 Avenue of the Champions Palm Beach Gardens, FL 33418

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**

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ADDRESS ADDRESS OTY, STATE 20 COL COL COL COL COL COL COL COL COL COL	0	ocuers
Routing & . Transit #	Account # Check #	