



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 and Test. *

* 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.
- If not a U.S. Citizen, submit a copy of Work Permit or Employment Visa or other official documents from the Department of Homeland & Security, Immigration and Naturalization Service.

(Must be a US Citizen, Resident Alien or Temporary Resident Alien in order to elect to PGA Membership)

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

Applicant Informal Name: _____

Social Security #: _____ - _____ - _____
Date of Birth: _____ / _____ / _____
MM DD YY YY

Present Home Address: _____
Street
Apt. No.

CityStateZip

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

SEND ALL MAIL TO: Home Work
Mobile Phone #: (____) _____
Area Code

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

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. Male Female

- | | | | |
|--|---|---------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian, Aleut, Eskimo | Citizen of the U.S. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Caucasian | Resident Alien/Temporary Alien* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multi-racial/Ethnic | <input type="checkbox"/> Other | *Please attach verification |

LAST AMATEUR EVENT

Date of last AMATEUR EVENT in which you participated, if any: _____ / _____ / _____ None
MM DD YYYY

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

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 Current Employer / Immediate Supervisor (If Applicable)

Printed Name of Current Employer / Immediate Supervisor

Printed Name of Previous Employer / Immediate Supervisor (If Applicable)

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 _____ 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: ____/____/____
MM / DD / YYYY

Social Security Number: _____/_____/_____ Benefit Percent: _____%

Relationship: _____

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

Social Security Number: _____/_____/_____ Benefit Percent: _____%

Relationship: _____

CONTINGENT: Please Print

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

Social Security Number: _____/_____/_____ Benefit Percent: _____%

Relationship: _____

CONTINGENT: Please Print

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

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



PGA PROFESSIONAL GOLF MANAGEMENT PROGRAM APPLICATION

PERSONAL INFORMATION

Applicant Name: _____
First Middle Last

Last Four of Social Security #: _____ Date of Birth: ____/____/____
MM/DD/YYYY

REGISTRATION FESS / 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 "[Become a PGA Member](#)"
3. Click on "[PGA Professional Golf Management Program](#)"
4. Scroll down to step #6 and choose "Pay all associate fees. [Click here](#) to access our Fees Calculator"

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

PAYMENT INFORMATION

National Fees \$ _____

Section Fees \$ _____

Liability Insurance \$ _____

Life Insurance \$ _____

Member Assistance Program (MAP) \$ 5.00

Registration Fee \$ 200.00

Level 1 Online Course Access Fee \$ 560.00

Fees Total \$ _____

VISA MasterCard AMEX ACH Check or Money Order

Card# _____ - _____ - _____ - _____ Exp. Date ____/____
MM YYYY

Name as it appears on Card _____

Card Holder's Signature: X _____

Checking Savings Account

Name on the Account _____

Checking/Savings Account Number _____

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

NAME _____ ADDRESS _____ CITY STATE ZIP _____ 0123 0123456789

DATE _____

AMOUNT \$ _____

BANK NAME _____ ADDRESS _____ CITY STATE ZIP _____

FOR _____

⑆012345678⑆ 01234567890123⑆ 0123

Routing & Account # Check #
Transit #