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
**PERSONAL INFORMATION**

Applicant Name: ____________________________________________________________
First                                                 Middle   Last

Applicant Informal Name: ____________________________________________________

Social Security #: __________ - ________   - ____________   Date of Birth: ________/ ______/___________

Present Home Address: ______________________________________________________
Street                                                                 Apt. No.
___________________________________________________________________________________________

City                                                                 State                                                              Zip

E-Mail Address: _____________________________________________________________ Home Phone #: (________)   ______________________________________

SEND ALL MAIL TO:   ☐ Home   ☐ Work                                    Mobile Phone #: (________)   _____________________________________

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

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

**LAST AMATEUR EVENT**

Date of last AMATEUR EVENT in which you participated, if any: ________/ ______/YYYY   ☐ None

Participation in an amateur event will forfeit all work experience credits earned prior to the event.
<table>
<thead>
<tr>
<th>CURRENT EMPLOYMENT</th>
<th>PREVIOUS EMPLOYMENT</th>
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<td><strong>Current Classification B</strong></td>
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<td>MM     DD     YYYY</td>
<td>MM      DD      YYYY</td>
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<tr>
<td><strong>Name of Current Facility/Company</strong></td>
<td><strong>Name of Previous Facility/Company</strong></td>
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<td><strong>Physical Mailing Address</strong></td>
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<td><strong>City</strong></td>
<td><strong>State</strong></td>
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**SIGNATURES**

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

**Signature of Current Employer / Immediate Supervisor**

**Printed Name of Current Employer / Immediate Supervisor**

Employer may provide character comments (Optional)

**Signature of Current Employer / Immediate Supervisor (If Applicable)**

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

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.”

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<tr>
<th>PRIMARY BENEFICIARY(IES): Please Print</th>
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<tr>
<td>(A) Name: ____________________________ Date of Birth: <em><strong><strong>/</strong></strong></em>/_____ MM/DD/YY</td>
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<tr>
<td>Social Security Number: <strong><strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong></strong><em><strong>/</strong></em>____________ Benefit Percent: _____________%</td>
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<tr>
<td>Relationship: _________________________________________________________________________________</td>
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<tr>
<td>(B) Name: ____________________________ Date of Birth: <em><strong><strong>/</strong></strong></em>/_____ MM/DD/YY</td>
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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

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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 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 “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 $________

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.

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Email: Membershipapps@pgahq.com