



# PGA.

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Kerry Haigh  
Chief Championships Officer

September 2021

Dear PGA TOUR Player

Congratulations on achieving a goal that so many pursue but only a relative few realize --- qualifying for the PGA TOUR !

Your accomplishment allows you to compete against the game's best players while representing our sport on the world stage.

As you may know the PGA of America conducts the PGA Championship and Ryder Cup. Yet our lifeblood remains our PGA Professional, who are dedicated to growing the game and advancing the golf profession.

As a member of the PGA TOUR you have the opportunity to join our ranks as a Tour Player (A-3) classification that gives you access to many of the benefits enjoyed by PGA Members. These benefits include liability insurance, which covers you any time you are practicing or competing in a tournament, as well as financial planning that can help secure you and your family's future. To join our Association and experience these and many more benefits immediately, simply fill out the enclosed application

If you have any questions about PGA of America Membership and the benefits you receive by joining, please call PGA Membership Services at (800) 474-2776.

We wish you great success on the PGA TOUR and are hoping to see you at our PGA Championship in May at Southern Hills.

Sincerely,

Jim Richerson, PGA  
President  
PGA of America



# PGA

## TOURNAMENT PLAYER APPLICATION FOR PGA MEMBERSHIP

Membership Services Department  
 P O Box 109601  
 Palm Beach Gardens, FL 33410-9601  
 membershipapps@pgahq.com  
 Phone (800) 474-2776 \* Fax (561) 624-8439

For Office Use Only	
Member Number:	_____
Section Name:	_____
Section Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tour :	_____
Date Elected:	_____

### PERSONAL INFORMATION

Applicant Name: \_\_\_\_\_  
First Middle Last

Informal Name: \_\_\_\_\_  
First Middle Last

Permanent Residence Address \_\_\_\_\_  
Street Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_  
Street Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Mobile Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Name & Address of Management Firm: \_\_\_\_\_ Name of Contact Person at Management Firm: \_\_\_\_\_

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Management Firm's #: (\_\_\_\_\_) \_\_\_\_\_ **Send mail to:**  Home  Management Firm  
Area Code

Permission is given to update my PGA Credit Union records to reflect current address, phone, etc...  Yes  No

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

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

Citizen of the U.S.?  Yes  No Did you become a U.S. Citizen by Immigration Process  Yes  No

Resident Alien  Yes  No If yes, Age you became a U.S. Citizen? \_\_\_\_\_

### EDUCATION

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

GED:  Yes Year \_\_\_\_\_ University & Location: \_\_\_\_\_

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  
 Asian or Pacific Islander       Caucasian       Female       Male  
 Hispanic or Latino       Multi-racial/Ethnic       Other

**Previous Tour Experience**

Have you previously been a member of the PGA Tour or LPGA Tour?  Yes  No

If yes, specifically which Tour(s)? \_\_\_\_\_ Year(s): \_\_\_\_\_

Give date previous PGA Tour membership was terminated \_\_\_\_\_

Have you previously been registered in The PGA Professional Golf Management Program?  Yes  No Year(s): \_\_\_\_\_

**Life Insurance Beneficiary Information**

LIFE INSURANCE BENEFICIARY: Designate the beneficiary for your Life Insurance policy.

A) Name: \_\_\_\_\_  
Beneficiary's Full Legal Name Relationship

Address: \_\_\_\_\_  
Street/PO City State Zip

B) Name: \_\_\_\_\_  
Beneficiary's Full Legal Name Relationship

Address: \_\_\_\_\_  
Street/PO City State Zip

\_\_\_\_ Last \_\_\_\_ / \_\_\_\_ 4 digits \_\_\_\_ / \_\_\_\_  
Social Security # of Beneficiary (A)

\_\_\_\_ Last \_\_\_\_ / \_\_\_\_ 4 digits \_\_\_\_ / \_\_\_\_  
Social Security # of Beneficiary (B)

NOTE: If beneficiary information changes at any time while you are a PGA Member, complete the beneficiary change form and submit to Membership Services at the National Office.

**PGA.ORG**

All PGA Professionals will be added to a PGA.com and PGA.org directory unless the exclusion box below is checked:

I **do not** want my name listed in the PGA.com or PGA.org directory.

In order for PGA Professionals to access their records, all members and apprentices are listed in a separate directory on PGA.org, which is accessible by PGA members and apprentices only.

**SPOUSE/PARTNER CARD**

As a member, you are eligible to request an identification card for your spouse/partner. If you wish to receive this card, please complete the following:

\_\_\_\_\_   
 Please indicate 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



## INSURANCE

The Association provides all Members and Associates with term life insurance. The annual premium is one of the components of the dues invoice. The schedule of benefits is based on the age of death.

LIFE INSURANCE AMOUNT	AGE OF DEATH
\$14,000	Under 35
\$7,500.00	35 to 49
\$5,000.00	50 and over

## LIABILITY INSURANCE

Liability insurance provides Members and Associates with protection for bodily injury or property damage to third parties as a result of playing, teaching or officiating the game of golf. The annual premium is one of the components of the dues invoice. Refer to the Forms Library on the website [www.PGA.org](http://www.PGA.org) for the specific terms of coverage.

## MEMBER ASSISTANCE PROGRAM (MAP)

New Benefits is the Member Assistance Program (MAP) which provides members and associates with confidential, professional counseling for a wide variety of personal and work-related concerns. Learn more and access the MAP Program on [www.PGA.org](http://www.PGA.org); Resources, Member Benefits, Member Assistance, Member Assistance Program.

## TOURNAMENT ELIGIBILITY

PGA Members should contact the PGA of America for eligibility rules for PGA Club Professional events by contacting Mr. Tom Brawley, Senior Director, Membership Services at (561) 624-8550.



**MEMBER SCHEDULE OF DUES AND CHARGES**

**MEMBERSHIP YEAR YEAR JULY 1, 2021 - JUNE 30, 2022  
PRO-RATED OCTOBER 2021 - JUNE 2022**

<b>National Dues</b>	<b>\$75.00</b>	<b>Liability Insurance</b>	<b>\$9.00</b>
		<b>Life Insurance</b>	<b>\$33.00</b>
		<b>Member Assistance Program (MAP)</b>	<b>\$5.00</b>

<b>SECTION</b>	<b>A-3</b>	<b>TOTAL to be Paid</b>
Alabama-NW Florida	\$116.25	\$238.25
Aloha	\$75.00	\$197.00
Carolinas	\$75.00	\$197.00
Central NY	\$75.00	\$197.00
Colorado	\$75.00	\$197.00
Connecticut	\$75.00	\$197.00
Gateway	\$75.00	\$197.00
Georgia	\$75.00	\$197.00
Gulf States	\$75.00	\$197.00
Illinois	\$75.00	\$197.00
Indiana	\$75.00	\$197.00
Iowa	\$75.00	\$197.00
Kentucky	\$75.00	\$197.00
Metropolitan	\$75.00	\$197.00
Michigan	\$75.00	\$197.00
Middle Atlantic	\$75.00	\$197.00
Mid-West	\$75.00	\$197.00
Minnesota	\$75.00	\$197.00
Nebraska	\$75.00	\$197.00
New England	\$75.00	\$197.00
New Jersey	\$75.00	\$197.00
NENY	\$75.00	\$197.00
N California	\$75.00	\$197.00
N Ohio	\$75.00	\$197.00
N Texas	\$75.00	\$197.00
N Florida	\$97.50	\$219.50
Pacific NW	\$75.00	\$197.00
Philadelphia	\$75.00	\$197.00
Rocky Mtn	\$131.25	\$253.25
South Central	\$75.00	\$197.00
S California	\$75.00	\$197.00
S Ohio	\$75.00	\$197.00
S Texas	\$75.00	\$197.00
S Florida	\$75.00	\$197.00
Southwest	\$337.50	\$459.50
Sun Ctry	\$75.00	\$197.00
Tennessee	\$75.00	\$197.00
Tri-State	\$75.00	\$197.00
Utah	\$75.00	\$197.00
Western NY	\$75.00	\$197.00
Wisconsin	\$285.00	\$407.00
Unaffiliated	\$0.00	\$122.00

**Dues can be paid on PGA.org via the secure website once email notification has been received that your election to Class A-3 has been processed.**