



# 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](mailto:Membershipapps@pgahq.com)



# PGA Professional Golf Management Program Application

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

Check one:  Initial Registration  Re-registration

## 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.

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

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

- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  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**

**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](http://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.  
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 Email: [Membershipapps@pgahq.com](mailto:Membershipapps@pgahq.com)



Routing & Account # Check #  
 Transit #