



PGA™

PGA Recognized Association

PLEASE ANSWER ALL QUESTIONS TO AVOID ANY DELAY IN THE PROCESSING OF THIS FORM.

FILL IN THE INFORMATION BELOW

ASSOCIATION NAME \_\_\_\_\_

ASSOCIATION MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

ASSOCIATION PHYSICAL ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

SECTION \_\_\_\_\_ CHAPTER \_\_\_\_\_

ASSOCIATION PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ ASSOCIATION FAX ( \_\_\_\_\_ ) \_\_\_\_\_

WEB ADDRESS OF ASSOCIATION <http://www>. \_\_\_\_\_

NATIONAL USE ONLY

Facility # \_\_\_\_\_ Date Input \_\_\_\_\_

Type \_\_\_\_\_ (A) Association Input by \_\_\_\_\_



1. Does the Association promote the game of golf?  YES  NO

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**Please Provide Documentation (Questions 2-3)**

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2. Does the Association have a tax exempt status?  YES  NO

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3. Does the Association operate from a place of business?  YES  NO

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**This form needs to be returned to your Section Office for processing.**

By signing this form I understand that "PGA Recognized" can not be used in any promotional, media or advertising materials.

PRINT NAME OF APPLICANT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SECTION OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF NATIONAL OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_