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.

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
Check one: Initial Registration  Re-registration

PGA Professional Golf Management
Program Application

For Office Use Only

<table>
<thead>
<tr>
<th>Associate #</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reg. Date</td>
<td>PAT:</td>
</tr>
</tbody>
</table>

**PERSONAL INFORMATION**

Applicant Name: ____________________________
First  Middle  Last

Informal Name: ____________________________

Social Security #: __________ - __________ - __________
Date of Birth: __________/________/________

Present Home Address: ____________________________
Street  Apt. No.

City  State  Zip

E-Mail Address: ____________________________
Home Phone #: (__________)
Area Code

Mobile Phone #: (__________)
Area Code

SEND ALL MAIL TO:  Home  Work

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

**LAST AMATEUR EVENT**

Date of last AMATEUR* EVENT in which you participated, if any: __________/________/________  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>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td>If position held within the last twelve months</td>
</tr>
<tr>
<td></td>
<td>Previous Job Title</td>
</tr>
<tr>
<td>Current Classification B</td>
<td>Previous Classification B</td>
</tr>
<tr>
<td>Start Date / /</td>
<td>Start Date / / End Date / /</td>
</tr>
<tr>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Name of Current Facility/Company</td>
<td>Name of Previous Facility/Company</td>
</tr>
<tr>
<td>Physical Mailing Address</td>
<td>Physical Mailing Address</td>
</tr>
<tr>
<td>City State Zip</td>
<td>City State Zip</td>
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<tr>
<td>( )</td>
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</tr>
<tr>
<td>Current Facility/Company Phone</td>
<td>Previous Facility/Company Phone</td>
</tr>
</tbody>
</table>

**SIGNATURES**

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

<table>
<thead>
<tr>
<th>Signature of Current Employer / Immediate Supervisor</th>
<th>Signature of Previous Employer / Immediate Supervisor (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name of Current Employer / Immediate Supervisor</td>
<td>Print Name of Current Employer / Immediate Supervisor</td>
</tr>
</tbody>
</table>

**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

Inv # 15021015 / FORM #202 / Rev.03/07/2022
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.”

<table>
<thead>
<tr>
<th>PRIMARY BENEFICIARY(IES): Please Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Name: _____________________________ Date of Birth: _____ / _____ / _____</td>
</tr>
<tr>
<td>Last Four Digits of Social Security Number: _________ Benefit Percent: ________ %</td>
</tr>
<tr>
<td>Relationship: _________________________</td>
</tr>
<tr>
<td>(B) Name: _____________________________ Date of Birth: _____ / _____ / _____</td>
</tr>
<tr>
<td>Last Four Digits of Social Security Number: _________ Benefit Percent: ________ %</td>
</tr>
<tr>
<td>Relationship: _________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTINGENT: Please Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Name: _____________________________ Date of Birth: _____ / _____ / _____</td>
</tr>
<tr>
<td>Last Four Digits of Social Security Number: _________ Benefit Percent: ________ %</td>
</tr>
<tr>
<td>Relationship: _________________________</td>
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<tr>
<td>CONTINGENT: Please Print</td>
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<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>(B) Name: _____________________________ Date of Birth: _____ / _____ / _____</td>
</tr>
<tr>
<td>Last Four Digits of Social Security Number: _________ Benefit Percent: ________ %</td>
</tr>
<tr>
<td>Relationship: _________________________</td>
</tr>
</tbody>
</table>

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
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PERSONAL INFORMATION

Applicant Name: ____________________________

First Middle Last

Last Four of Social Security #: ____________________________

Date of Birth: ______/_____/______

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 “Path To Membership”
3. Click on “PGA Associate Program”
4. Click on the “Fees Calculator” to access Fees

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 _____/_____/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