



**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	Benefit Percentage
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Address: _____

Street/PO	City	State	Zip
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B) Name: _____

Beneficiary's Full Legal Name	Relationship	Benefit Percentage
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Address: _____

Street/PO	City	State	Zip
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____ 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