

APPLICATION FOR PGA MEMBERSHIP

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

| For Office Use Only | | |
|---------------------|--|--|
| Member Number: | | |
| | | |

| PERSONAL INFORMATION | | | | | |
|---|----------------|---|------------------|--------------------------|----------------|
| Applicant Name: | First | Middle | | Last | |
| Mailing Address | | | | | |
| | Street | | | Apt. No |). |
| City | | | State | | Zip |
| E-Mail Address: | | Home Ph | none #: (Area C | ode | |
| Send all mail to Home | Work | Mobile I | Phone #: (Area (|) | |
| | | Date of Birth:/ | | /YYY | |
| Citizen of the U.S.? | es 🗌 No | Did you become a U.S. Citizen b | y Immigration | Process Yes N | o |
| Resident Alien* Ye | es 🗌 No | If yes, Age you became a U.S. Ci | tizen? | _ | |
| Have you ever been convict | ed of a misder | neanor or felony? Yes No | | | |
| | | EDUCATION | | | |
| High School Graduate: | Yes Year | College Degree: | 2 Year | 4 Year | |
| GED: | Yes Year | University & Locat | tion: | | |
| Gender and Race: This in VOLUNTARY. All respons | | Il be used for statistical information fidential. | on only. Indic | eation of gender and rad | ce is STRICTLY |
| ☐ African American ☐ Asian or Pacific Islande | | rican Indian, Aleut, Eskimo | ☐ Fen | nale | |
| Hispanic or Latino | <u>—</u> | -racial/Ethnic | | | |

| CURRENT CLASSIFICATION | N, SECTION AND EMPLOYMENT INFORMATION | | | | |
|--|---|--|--|--|--|
| Applying for the Member Classification: | | | | | |
| | Job Description | | | | |
| Initial Applicants: A - 1 – A - 23 | Start Date | | | | |
| Reinstate/Re-Elect: A -1- A- 24, LM, LMA, LMC, RM, IN | J, F | | | | |
| | Name of the Facility/Company | | | | |
| Current PGA Section | | | | | |
| | Mailing Street Address | | | | |
| | City State Zip | | | | |
| Office Lice Only | State Zip | | | | |
| Office Use Only | Facility (Occurrence Disease Na | | | | |
| | Facility/Company Phone No | | | | |
| | Is this Employment Full Time Seasonal Part Time | | | | |
| Е | MPLOYMENT DATES | | | | |
| Note: If Employment is on a seasonal basis, give specific | <u>c</u> beginning and ending dates of each season. | | | | |
| FromThrough | FromThrough | | | | |
| If currently in your "OFF SEASON" please indicate the ex- | act date you will be returning to this facility | | | | |
| | | | | | |
| | SIGNATURES | | | | |
| | | | | | |
| Signature of Employer / Immediate Supervisor | Print Name of Employer / Immediate Supervisor | | | | |
| | 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. | | | | |
| | | | | | |
| SPOUSE/PARTNER CARD | | | | | |
| As a member, you are eligible to request an identific complete the following: | cation card for your spouse/partner. If you wish to receive this card, please | | | | |
| | | | | | |
| Please indicate | Spouse/Partner Name to Be Imprinted on Card | | | | |
| | IMPORTANT | | | | |
| All applicants are urged to be factual, as falsification associate applicant who completes or verifies this fo | n of information could result in disciplinary action against any member or orm. Please sign and date below. | | | | |
| I agree to abide by all present and future rules and re | egulations of the Association and the Section with which I may be affiliated. | | | | |
| Applicant's Signature | Date | | | | |



REQUEST FOR BENEFICIARY INFORMATION

Membership Services Department

PGA of America PO Box 109601 Palm Beach Gardens, FL 33410-9601 one 1-800-474-2776 / Fax (561) 624-84

Palm Beach Gardens, FL 33410-9601 Phone 1-800-474-2776 / Fax (561) 624-8439 membershipapps@pgahq.com

| Full Legal Name | | | | | |
|--|-------------------------------------|---|---|--|--|
| Please | e Print | | | | |
| Social Security Number XXX-X | X | | | | |
| | Last 4 digits | | | | |
| question as to your intent. It is a | lso recommended ease indicate their | that you name a prin full legal name, soci | ry designation be clear so that there will be no mary and contingent beneficiary. When ial security number and relationship. If the "Not Related." | | |
| PRIMARY BENEFICIARY(II | ES): Please Print | | | | |
| (A) Name: | | | Date of Birth:// | | |
| Social Security Number: | / | / | Benefit Percent:% | | |
| Relationship: | | | | | |
| (B) Name: | | | Date of Birth:/ | | |
| Social Security Number: | / | / | Date of Birth:// | | |
| Relationship: | | | | | |
| CONTINGENT: Please Print | | | | | |
| (A) Name: | | | Date of Birth:// | | |
| Social Security Number: | / | / | Benefit Percent:% | | |
| Relationship: | | | | | |
| CONTINGENT: Please Print | | | | | |
| (B) Name: | ····· | | Date of Birth:/ | | |
| Social Security Number: | / | / | Benefit Percent:% | | |
| Relationship: | | | | | |
| The beneficiary (ies) designated in writing, of any changes. | on this form will r | emain in effect unti | I such time as you notify the PGA of America, | | |
| Signature | | | Date | | |