

**APPLICATION FOR PGA MEMBERSHIP**Email: Membershipapps@pgahq.com

Membership Services Department

PO Box 109601

Palm Beach Gardens, FL 33410-9601

Phone (800) 474-2776 * Fax (561) 624-8439

For Office Use Only

Member Number: _____

PERSONAL INFORMATIONApplicant Name: _____
First Middle Last

Mailing Address

Street Apt. No._____
City State ZipE-Mail Address: _____ Home Phone #: (_____) _____
Area CodeSend all mail to ☐ Home ☐ Work Mobile Phone #: (_____) _____
Area CodeSocial Security #: ____/____/____ Date of Birth: ____/____/____
MM DD YYYYHave you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No**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
 ☐ Female
 ☐ Male
- ☐ Asian or Pacific Islander
 ☐ Caucasian
- ☐ Hispanic or Latino
 ☐ Multi-racial/Ethnic
 ☐ Other

CURRENT CLASSIFICATION, SECTION AND EMPLOYMENT INFORMATION

Applying for the Member Classification:

Initial Applicants: A - 1 – A - 23

Reinstate/Re-Elect: A -1– A- 24, LM, LMA, LMC, RM, IN, F

Current PGA Section _____

Office Use Only

Job Description _____

Start Date _____

Name of the Facility/Company

Mailing Street Address

City State Zip

Facility/Company Phone No

Is this Employment ☐ Full Time ☐ Seasonal ☐ Part Time

EMPLOYMENT DATES

Note: If Employment is on a seasonal basis, give specific beginning and ending dates of each season.

From _____ Through _____ From _____ Through _____

If currently in your "OFF SEASON" please indicate the exact 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 identification card for your spouse/partner. If you wish to receive this card, please complete the following:

Please indicate Spouse/Partner 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 associate 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



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 _____
 Please Print

ID Number _____

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 _____