



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

Please Provide Documentation (Questions 2-4)

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

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

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 _____