

INV # 15021001

## **RETURN TO SECTION:**

## **PGA MEMBER CHANGE FORM**

| FOR SECTION USE ONLY                                       |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Fine is applicable for no notification within 10 days.     |  |  |  |  |  |  |  |
| Fine Amount: \$50 after the 11 <sup>th</sup> business day. |  |  |  |  |  |  |  |
| If new facility/company, attach recognized paperwork.      |  |  |  |  |  |  |  |
| Are constitutional classification requirements satisfied?  |  |  |  |  |  |  |  |

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|     | Yes | No |  |
|-----|-----|----|--|
| By: |     |    |  |
| -   |     |    |  |

| Name:   | (5)                  |                 |                      | (48.18.18.18.18                      | 4 0                      |              |    |  |
|---|----------------------|-----------------|----------------------|--------------------------------------|--------------------------|--------------|----|--|
| (First)   |                      |                 |                      | (Middle Initial)                     | (Last)                   |              |    |  |
| Member #:                                       |                      |                 | Last 4 Digits        | of Social Security Nu                | ımber: 🔀 🔀 📈             | $\mathbf{X}$ |    |  |
|   |                      |                 | HOME AD              | DRESS                                |                          |              |    |  |
| Street or Box Number:                           |                      |                 |                      |                                      |                          |              |    |  |
| City:   | State:               |                 |                      | Zip Code:                            | Home Phone: ()           | )            |    |  |
|   | Personal/Home F      | acility/Company | y Email              | Address:                             |                          |              |    |  |
|   |                      | FORME           | R EMPLOYME           | ENT INFORMATION                      |                          |              |    |  |
|   |                      |                 | _                    |                                      |                          |              |    |  |
| (Name of Facility/Company)                      |                      |                 | D                    | Date termination notice given:       |                          |              |    |  |
|   |                      |                 | L                    | Last date of employment:             |                          |              |    |  |
| (City)  | (State)              | (Zip Code)      |                      | 0.4.0 (1) (1) (1)                    |                          |              |    |  |
| Contract Endo                                   | 1                    | ı               |                      |                                      | ployment:                |              |    |  |
| Contract Ends:                                  | 1                    | NIEW.           |                      | <u> </u>                             | ployment:                |              |    |  |
| For Office Use Only                             |                      | NEW             |                      | T INFORMATION this a facility/compar | ny under construction?   | Yes          | No |  |
| ·   |                      |                 |                      | • •                                  | •                        |              | -  |  |
| Facility/Company Numb                           | er:                  |                 | <u> </u>             | yes, scheduled comp                  | oletion date:            |              |    |  |
|   |                      |                 |                      |                                      |                          |              |    |  |
|   |                      |                 | (Name of Facili      | y/Company)                           |                          |              |    |  |
|   |                      |                 |                      |                                      |                          |              |    |  |
|   |                      |                 | (Physical Stre       | et Address)                          |                          |              |    |  |
| (C:t.)  |                      | (State)         |                      |                                      | /7:n\                    |              |    |  |
| (City)  |                      | (Stat           |                      | (Zip)                                |                          |              |    |  |
|   |                      | (Ma             | iling Address, If Di | ferent Than Above)                   |                          |              |    |  |
|   |                      |                 |                      |                                      |                          |              |    |  |
| (City)  |                      | (Stat           | e)                   |                                      | (Zip)                    |              |    |  |
| Facility/Company Pho                            | one No.: ()          |                 |                      | Fax No. (                            |                          |              |    |  |
| Classification for now                          |                      | Title           |                      |                                      | Section                  |              |    |  |
| Classification for flew                         | employment.          | 11116           |                      |                                      |                          | •            |    |  |
| Date contract signed (or verbally agreed to): _ |                      |                 |                      | First date of emp                    | loyment:                 |              | 1  |  |
| Are you: Retired                                | Date you retired:    | 1               | 1                    | Unemployed                           | Last date of employment: |              |    |  |
| Your Signature                                  |                      |                 |                      |                                      | Dat                      | e <u>/</u>   |    |  |
| Signature of PGA Me                             | ember with most mana | gement auth     | ority                |                                      | Dat                      | e <u>/</u>   | I  |  |
| Print Name of PGA N                             | Member with most man | nagement aut    | thority              |                                      |                          |              |    |  |

## **PGA MEMBER CHANGE FORM**



For Change of Employment, Mailing Address, Classification And/or Section Transfer

Article V, Section 1 and 2 of The PGA Constitution/Bylaws defined all classes of membership. Please refer to The PGA Constitution/Bylaws for these definitions.

A Member shall deemed to have violated the Reporting Requirements for failure to notify the Association or Section of leaving or accepting a position including copy of contract and job description within ten (10) business days according to Article XI, Section 1 (a)(1) and Article XI, Section (a)(2) respectively. Fines imposed are as follows:

\$50 for notification postmarked from the 11th business day.

Call 1-800-474-2776 for further information, if needed.

Prior to transferring to an active classification, INACTIVE members must successfully complete the Membership Interview required of all individuals applying for membership.

**IMPORTANT:** Members are cautioned to be factual as

falsification of information could result in disciplinary action against any member who

completes or verifies this form.

\*\* Changes in employment and classification must be verified by the PGA Member with the most management authority at the place of employment. For individuals who have the most management authority at the place of employment, the employment must be verified by the immediate supervisor.

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