



PGA™

The PGA Professional Golf Management Program Application

PRE-REQUISITES FOR REGISTRATION

****This application will not be processed until the following pre-requisites are met.****

- Have a high school diploma or be at least 18 years of age and have the equivalent of a high school education.
- Review the information provided on PGALinks.com regarding The PGA Professional Golf Management Program.
- Be eligibly employed at the time of registration.
- If seasonally employed a return date must be indicated on this application or a letter of commitment signed by your employer must be submitted with the application.
- Completed Playing Ability Test (PAT) requirements as defined in The PGA Constitution and Bylaws.
- Completed background check.
- Completed Pre-Qualifying Level Courses and Test.

PRE-REQUISITES FOR PGA/PGM UNIVERSITY PROGRAM STUDENTS & GRADUATES

PGA/PGM UNIVERSITY STUDENTS/GRADUATES/FORMER STUDENTS:

- Be eligibly employed at the time of registration.
- If seasonally employed a return date must be indicated on this application or a letter of commitment signed by your employer must be submitted with the application.
- Completed Playing Ability Test (PAT) requirements as defined in The PGA Constitution and Bylaws.
- Completed background check.
- Completed Pre-Qualifying Level Courses and Test.

APPLICATION

Read this application carefully and complete it in its entirety. The following supporting documents must be included with the application:

- Proof of highest level of education - copy of diploma, an official transcript or verification of GED.
- If not a U.S. Citizen a copy of Work Permit or Employment Visa or other official documents from the Department of Homeland & Security, Immigration and Naturalization Service.

Failure to complete the application and include all of the supporting documents will delay registration into The PGA Professional Golf Management Program and/or the application may be returned unprocessed.

All applicants are required to read and write in English to successfully complete the PGA Professional Golf Management Program.

Amateur Status: All work experience earned prior to participating in an amateur event will be forfeited.

REGISTRATION FEES/LEVEL 1 PORTAL ACCESS

Go to the **Fees Calculator** within the **Become a PGA Member (PRO)** link located at www.PGALinks.com to determine the correct amount of fees based upon registration month, in addition include the \$560 Level 1 fee to access the Level 1 courses. Failure to submit the correct payment will delay the registration process.

Please contact Membership Services at (800) 474-2776 if you have any questions.

Please fax this application to (561) 624-8439



The PGA Professional Golf Management Program Application

For Office Use Only	
Apprentice #	Section:
Reg. Date	PAT:

Check one: Initial Registration Re-registration

Applicant Legal Name:

_____ (First) _____ (Middle) _____ (Last) _____ (Informal Name if applicable)

Social Security #

____-____-____

Date of Birth

____-____-____
M M D D Y Y Y Y

Present Home Address:

_____ (Street or P.O. Box) _____ (Home Phone)

_____ (City) _____ (State) _____ (Zip Code) _____ (Personal Fax)

Send all mail to: Home Facility/Company

_____ (Personal E-mail Address)

Are you a U.S. Citizen?

Yes No

If no, attach either:

Work Permit

Employment Visa

Other Official Document

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.

Female

African American

American Indian, Aleut, Eskimo

Asian or Pacific Islander

Male

Caucasian

Hispanic or Latino

Multi-racial/Ethnic

Have you ever been convicted of a misdemeanor or felony?

Yes No

If you answered "Yes", documentation must be included with this application.

The PGA of America adheres to all recommended ADA guidelines. If this impacts you, please contact the Director of Membership Services.

PAT Playing Information:

Option A: Date passed PAT ____/____/____
OR (Month/Day/Year)

Option B: 1st Attempt Date ____/____/____
(Month/Day/Year)

Date of last AMATEUR EVENT in which you participated - if any:

Date ____/____/____ None
(Month/Day/Year)

Participation in an amateur event will forfeit all work experience credits earned prior to the event

Education: **Verification of the highest level of education MUST accompany this application.**

A copy of the diploma, transcript or GED is acceptable. Foreign education documents must be evaluated by an Organization approved by The PGA of America.

High School Graduate: Yes No Date of Graduation ____/____/____ GED Date ____/____/____

College Graduate: 2 Year Degree 4 Year Degree Date of Graduation ____/____/____

PAYMENT

PGA of America Membership Services
Attn: Apprentice Application
100 Avenue of the Champions
Palm Beach Gardens, FL 33418

National Fees	\$ _____	<input type="checkbox"/> AMEX	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Check/Money Order
Section Fees	\$ _____	Card # _____	_____	Exp: ____/____	(Month/Year)
Liability Insurance	\$ _____	Name as appears on card:	_____		
Registration fee	\$ _____	Card holder's signature	_____ X		
Level 1 fee	\$ _____				
Fees Total	\$ _____				

Registration Employment Information

Name _____ SS#

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Facility Information: <hr/> <i>(Facility/Company Name)</i> <hr/> <i>(Physical Street Address)</i> <hr/> <i>(City) (State) (Zip Code)</i> <hr/> <table style="width: 100%;"><tr><td style="width: 15%;">Facility Phone:</td><td style="width: 10%;">()</td></tr><tr><td>Facility Fax:</td><td>()</td></tr><tr><td>Facility E-mail:</td><td></td></tr></table>	Facility Phone:	()	Facility Fax:	()	Facility E-mail:		Employment: First Date Of Employment At This Facility <u> </u> / <u> </u> / <u> </u> <i>(Month/Day/Year)</i> If you are currently off-season, will you be returning to this facility next season? <input type="checkbox"/> Yes, date of return <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> No If you answered "no" please attach a letter of commitment from the facility you will be employed at next season. The letter must indicate your first date of employment.
Facility Phone:	()						
Facility Fax:	()						
Facility E-mail:							

Eligibility:

Job Position: _____

Classification: B -

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 (B1- B23)

Applicant meets eligible employment requirements as defined in The PGA Constitution and Bylaws:

Yes No

Employer may provide character comments (optional):

Required signatures to validate this application:

SIGNATURE OF EMPLOYER / IMMEDIATE SUPERVISOR

PRINT NAME OF EMPLOYER / IMMEDIATE SUPERVISOR

Important: Members and apprentices are cautioned to be factual, as falsification of information could result in disciplinary action against any member or apprentice who completes or verifies this form.

APPLICANT PLEASE SIGN BELOW

I have reviewed the Professional Readiness Orientation information provided on PGALinks.com and I agree to abide by all present and future regulations of the Association and the Section with which I am affiliated. I understand that the Apprentice Program registration fee and the Level 1 course and Apprentice Program registration fee are non-refundable.

APPLICANT SIGNATURE

DATE

