



# 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.
- Have six months of eligible employment within the twelve months prior to registration and 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.
- Complete the Playing Ability Test (PAT) requirements as defined in The PGA Constitution and Bylaws.

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

#### PGA/PGM UNIVERSITY STUDENTS:

- Have six months of eligible employment within the twelve months prior to registration and 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.
- Complete the Playing Ability Test (PAT) requirements as defined in The PGA Constitution and Bylaws.

#### PGA/PGM UNIVERSITY GRADUATES:

- Be eligibly employed at the time of registration.
- Complete the Playing Ability Test (PAT) requirements as defined in The PGA Constitution and Bylaws.

### 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

Go to the **Fees Calculator** within the **Become a PGA Member (PRO)** link located at [www.PGALinks.com](http://www.PGALinks.com) to determine the correct amount of fees based upon registration month. Failure to submit the correct payment will delay the registration process.

### LEVEL 1 KIT PURCHASE

Individuals wishing to pay for the Level 1 Kit at the time of registration may do so by including the fees of \$560.00 plus tax, where applicable\*. In order to avoid termination, the Level 1 Kit must be purchased within 90 days of the initial registration date. Please contact Membership Services at (800) 474-2776 if you have any questions.

\*Those having a Level 1 Kit sent to a Florida or Georgia address are responsible for the applicable tax.



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## The PGA Professional Golf Management Program Application

### For Office Use Only

Apprentice #	Section:
Reg. Date	PAT:

1 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

2 Present Home Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Send all mail to:  Home  Facility/Company

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Personal Fax)

\_\_\_\_\_  
(Personal E-mail Address)

3 Are you a U.S. Citizen?  Yes  No If no, attach either:  Work Permit  Employment Visa  Other Official Document

4 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

5 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.

6 PAT Playing Information: **Option A:** Date passed PAT / /   
(Month/Day/Year)

**Option B:** 1<sup>st</sup> Attempt Date / /   
(Month/Day/Year)

2<sup>nd</sup> 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.

7 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 / /

**PGA PROFESSIONAL GOLF MANAGEMENT UNIVERSITY PROGRAM - STUDENTS ONLY**

PGA/PGM University: \_\_\_\_\_ End date of last PGA/PGM University Co-op: / /

Graduate – Date of Graduation: / /  **Former PGA/PGM University Student:**  
 Student - Projected Graduation Date: / /  Date Left PGA/PGM University Program: / /

**PAYMENT**

Please order my Level 1 Kit now  Yes, Include fee below  No, I will order within 90 days.  
 If registering with a credit card, the completed application and supporting documents should be faxed to (561) 624-8439. If registering with a check, mail the completed application, supporting documents and appropriate fees to:

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: _____/_____ <small>(Month/Year)</small>
Liability Insurance	\$ _____	Name as appears on card:	_____		
Registration fee	\$ _____	Card holder's signature	_____ X _____		
Level 1 Kit	\$ _____				
Fees Total	\$ _____				

## Registration Employment Information

Name \_\_\_\_\_ SS#         -    -        

<b>8</b>	<b>Facility/Company:</b>
<i>(Facility/Company Name)</i>	
<i>(Physical Street Address)</i>	
<i>(City) (State) (Zip Code)</i>	
Facility/Company Phone:	(    )
Facility/Company Fax:	(    )
Facility/Company E- mail:	

<b>9</b>	<b>Employment:</b>
First Date Of Employment At This Facility/Company _____ / ____ / ____ <i>(Month/Day/Year)</i>	
If seasonal employment, list all seasons employed as a professional at this facility/company within the last 12 months.	
From _____ / ____ / ____	Through _____ / ____ / ____
From _____ / ____ / ____	Through _____ / ____ / ____
<b>If employment dates are not equal to or greater than six months please verify previous employment on page 4 of this application.</b>	
If you are currently off-season, will you be returning to this facility/company next season?	
<input type="checkbox"/> Yes, date of return _____ / ____ / ____	
<input type="checkbox"/> No	
If you answered "no" please attach a letter of commitment from the facility/company you will be employed at next season. The letter must indicate your first date of employment.	

<b>10</b>	<b>Eligibility:</b>
Job Position: _____	
Classification: B - <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> (B1- B23)	
Does the applicant meet eligible employment requirements as defined in The PGA Constitution and Bylaws ?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

**Employer may provide character comments (optional):**

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<b>11</b>	<b>Required signatures to validate this application:</b>
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\_\_\_\_\_  
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 Level 1 Materials Fee is non-refundable.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

