



Reciprocity Test-out History Sheet

Please check one:

- Current/Former A3 PGA Tour Player
- Current /Former LPGA-Epson Tour Player

Name: _____

Home Address: _____

Home Phone #: (_____) _____

Date of Birth: ____/____/____

Mobile Phone #: (_____) _____

Email Address: _____

Are you a High School Graduate: Yes No Year Graduated: ____/____/____

Are you a College Graduate: Yes No Year Graduated: ____/____/____

Name and Address of School for highest level of education: Please submit copy of diploma or Official Transcript

PGA of America / LPGA-Epson Member #: _____ When did you become a "full" Member? ____/____/____

Are you currently a Member? Yes No

If not, why did you leave the PGA? _____

Are you currently employed? Yes No If yes, at what facility? Please provide name, address and phone:

Facility Name: _____

Address: _____

Facility Phone #: (_____) _____ Fax #: (_____) _____

You will receive written notification regarding the additional requirements necessary to fulfill in order to become a Member of the PGA of America. Should you have any questions regarding this matter, please contact Membership Services at (561) 624-8570 or (800) 474-2776.

Submit this application to: Membership Services – Reciprocity
 The PGA of America
 100 Avenue of the Champions – P O Box 109601
 Palm Beach Gardens, FL 33410-9601
 Fax (561) 624-8439