

2009 ASSISTANT'S CHAPTER MINNESOTA SECTION PGA

Membership Application

All Assistant's (A-8's only) & Apprentices interested in joining the Assistant's & Apprentice Chapter must fill out and send the employment verification form at the bottom of this page with your annual tournament fee of **\$60.00**. A portion of these fees will be used to help off-set chapter events without sponsors.

Note 1: All members of the Assistant's Chapter must also file a Minnesota PGA Tournament Eligibility contract with the Section prior to participating in any events.

For more information regarding the Assistant's & Apprentice Chapter please call:

Rory Luck, President	Interlachen CC	(952) 924-7424
Eddie Wynne, Vice President	StoneRidge GC	(651) 436-4653
Kellie Catron, Past President	The Minikahda Club	(612) 924-1666
Jay Meyerhoff	Medina G&CC	(763) 478-6020
Matt Kleinbrook	Windsong Farm GC	(763) 479-3535
Mike Herzog	Interlachen CC	(952) 924-7424

MEMBERSHIP APPLICATION & EMPLOYMENT VERIFICATION

Name: _____ Facility: _____

Mem. or App #: _____ Classification: _____

I understand that to qualify for membership in the Assistant's & Apprentice Chapter, I must fulfill the requirements for primary employment outlined in the PGA of America Constitution and Bylaws. Please note that A-8 (Assistant Golf Professional) "shall refer to an individual who is primarily employed at a PGA Recognized Golf Facility and spends at least 50% of the time working on club repair, merchandising, handicapping records, inventory control, bookkeeping and tournament operations." The signatures below certify that I meet these requirements and failure to do so will result in disciplinary action toward those who have signed this form. I also acknowledge that I will comply with any request seeking documentation supporting this classification.

Assistant/Apprentice Professional Signature

Head Professional/Employer Signature

Date

PAYMENT INFORMATION

Membership Fee: **\$60** Payment Type: Check # _____ Visa* _____ MC* _____ AMEX* _____

CARD NUMBER

EXP. DATE

PRINTED CARDHOLDER NAME

CARDHOLDER SIGNATURE

BILLING ZIP

BILLING STREET ADDRESS

*By completing the credit card information, the cardholder authorizes the Minnesota Section PGA to charge the appropriate fee to the card provided.

Remit with payment to:

Minnesota PGA
Attn: Tournament Department
12800 Bunker Prairie Road
Coon Rapids, MN 55448
Fax: (763) 754-6682 (CREDIT CARDS ONLY)