



PGA

South Florida Section
Foundation



South Florida PGA – Team Golf

2017 Membership Application

Name: _____ Gender (circle one): MALE / FEMALE

Street Address: _____

City, State, Zip: _____

DOB: _____ Division / Level (circle one): JUNIOR / MASTERS

Parent Name: _____ Best Contact Number: _____

Email Address: _____

Other Information

Name of School: _____

High School Graduation Year: _____ Shirt Size (also specify Youth or Adult): _____

PGA/LPGA Professional Name: _____

NOTE: If you do not have a current PGA or LPGA Professional that provides instruction, please enter "NONE". The South Florida PGA will help assist to find you a local golf facility nearby that participates in Team Golf.

Payment Information

Name on Credit Card: _____

Street Address: _____

City, State, Zip: _____

Credit Card Type (circle one): American Express Visa Mastercard Discover

Credit Card Number: _____ Credit Card ID (3 or 4 Digits): _____

Expiration Month/Year: _____

Please submit your membership application by email, fax, or mail:

South Florida PGA

Attn: Tori Stock

186 Atlantis Blvd

Atlantis, FL 33462

Fax: 561-729-0914

Email: tstock@pgahq.com