

Professional Golfers' Association of India

26, Sunder Nagar, New Delhi-110003

Tel.: 91-11-26384251; Mobile: +91 9312071332; Email: pgaofindia@gmail.com

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Professional Golfers' Association of India. If accepted, I agree to abide by and be bound by the Memorandum of Association and Rules and Regulations of the Association and all Bye-Laws and other Rules & Regulations of the PGA of India as may be in force from time to time.

PARTICULARS OF THE APPLICANT

1. NAME

Surname First Name Second Name Other Name (if any)

2. Address _____

(Any change in address must be intimated to the PGA of India)

3. Father's Name _____

4. Nationality _____ 5. Date of Birth _____

6. Place of Birth _____ 7. Email _____

8. Telephone No. _____ 9. Fax _____

10. Edn. Qualification _____

11. Profession: (please tick)

(i) Tour Player _____ (ii) Teaching Professional _____
(iii) Advisor or Consultants of Manufacture of golf clubs or golf equipment _____

12. Marital Status _____ (If married, how many children do you have, their ages and sex).

13. Have you ever applied for membership of PGA of India or were a member of the PGA of India previously? _____ If yes, please give details

15. Do you have a recognized golf handicap or Teaching certificate? If so, please attach certificate from your club / issuing authority.

DATE.....

Signature of the applicant

(P.T.O)

This is to certify that _____ has been attached / associated with our club as a Professional Golfer/Teaching Pro/Asstt. Teaching Pro/ Caddie since _____(period).

Date

Stamp of Club / issuing authority

Signature

We being members of the PGA of India propose and second the above application for Membership and recommend its approval.

	PROPOSED BY	SECONDED BY ANY
	MEMBER OF PGA of India	OTHER PGA of India

MEMBER

NAME

PGA
MEMBERSHIP NO.

LENGTH OF TIME
CANDIDATE HAS
BEEN KNOWN

SIGNATURE

NOTE:

Class of Membership	Admission Fee/ Initial Donation	Annual Subscription/ Annual Donation
Class A	Rs. 1000/-	Rs. 500/-

FOR OFFICE USE ONLY

Membership approved on Category

Membership No..... Valid upto.....

Payment received: Admn Fee.....Subscription.....

(Receipt No.....Dated.....)

Signature of Secretary General
PGA of India