



Teaching and Club Professionals
 100 International Golf Drive
 Daytona Beach, Florida 32124-1092

Membership Application

Social Security # _____

Legal Name _____ Preferred Name _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

Birthplace _____ Citizenship _____

Marital Status _____ Spouse _____ Former Name _____

Race/Ethnicity: (optional)

- Asian, Asian American or Pacific Islander African American (not Hispanic) Hispanic American (Not Caucasian or African American) North American Indian or Alaskan Native Caucasian (not Hispanic) Other

I will require accommodations under the ADA: (optional) Yes No

I have the following physical and/or learning disabilities (brief explanation with medical backup required for accommodation requests)

Name of Emergency Contact _____

Phone _____ Relationship _____

Highest Level of Education Achieved HS AA AS BA BS MA MS

Year of Degree: _____ MBA EDD JD PHD Other _____

School: _____

Are you a currently a member of the:

LPGA Tour No Yes Current Classification _____

PGA of America No Yes Current Classification _____ Member # _____

Other Approved Golf Industry Association: No Yes Current Classification _____ Member # _____

Have you applied to the LPGA Teaching and Club Professional Membership before? No Yes, When? _____

LPGA Playing Ability Test (PAT). Successfully completed on _____ at _____

PAT Equivalency. Enclose proof of completion, LPGA Rules Test and \$150 equivalency fee. **Not required,** eligible for A-2 status

I, the undersigned, have carefully reviewed the information provided pertaining to the LPGA Teaching and Club Professional Membership and hereby submit application or membership. I understand that this is only an application for LPGA Teaching and Club Professional Membership and I do not have any rights or privileges including use of the LPGA logo, name, etc. The information I have provided above is factual, and I understand that falsification of information will result in application rejection.

Signature _____ Date _____

Application for LPGA Teaching and Club Profession Membership constitutes "Forfeiture of Amateur Status" (USGA Rules of Golf)



Professional Self-Assessment

Applicant Name _____

Educational and Professional Background

<i>Degree/certification</i>	<i>School/program</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Workshops/Seminars attended in the last 5 years

<i>Workshop/seminar name</i>	<i>Dates</i>
_____	_____
_____	_____
_____	_____

What are your education interests? (check all that apply)

- teaching coaching individuals college coaching high school coaching business management
- marketing computer skills Other _____

What are your current professional goals? Where do you see yourself in 3 years? 5 years?

How do you believe the LPGA can best assist you in meeting your immediate and long-term professional goals?

Why do you want to become an LPGA T&CP Member?

What do you believe are the benefits of LPGA T&CP Membership?

In what ways do you wish to contribute to the LPGA T&CP Membership?



Professional Self-Assessment

Professional Golf Skills

Golf Shop Operations	<i>None</i>	<i>Some</i>	<i>Skilled</i>		<i>None</i>	<i>Some</i>	<i>Skilled</i>
Starting Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Club fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandising/Display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Club repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rules officiating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calligraphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting/Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills				Public speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golf car operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphics/Desktop Publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Course maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Practice tee operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching				Playing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Junior lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Video lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Golf / players with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Personal Golf Experience

How long have you played and when did you start playing golf? _____

Describe the golf instruction you have had, when did you begin instruction, how much have you had? _____

How often do you play golf now?

3-5+ times a week 1-3 times a week 2-3 times a month other (please state) _____

Do you have competitive experience as an amateur/professional? _____

Has your golf equipment been "fit" for you? yes no

If yes, what system was used? _____

Prioritize the following regarding your enjoyment of golf (1-5 with 1 being the highest):

___ performance ___ being outside ___ fun ___ the challenge ___ social interaction other _____

What sports (other than golf) have you excelled in? _____

What sports (other than golf) have you played? _____

What hobbies or activities do you enjoy most or do for fun? _____

Have you had experience with or are familiar with: the LPGA/USGA Girls Golf program? EWGA?