



**CAROLINAS PGA**  
**SENIOR ASSOCIATE PROGRAM**  
Membership Application Form



**ASSOCIATION MEMBERSHIP DUES**

\$50.00. Payable to the Carolinas PGA Section. Dues must accompany the membership application form and be payable by check, debit card, or credit card. Senior Associate members will receive the opportunity to compete in all CPGA senior tournaments.

**ONLINE ENTRY**

All contestants have the option to register online. Visit <http://www.Carolinas.PGA.com>, scroll over the "Tournaments" tab, and select "Senior Associate Program". Anyone having any questions regarding online registration should contact Carolinas PGA headquarters at (336) 398-2742.

**ELIGIBILITY**

Amateur golfers, age 50 or older. No handicap or residency requirements.

**DIVISIONS**

Division must be selected when registering for a tournament.

**PROFESSIONAL DIVISION:**

Professionals only / Age 50 & up / Championship Tees (6,200-6,400 yards)

**CHAMPIONS DIVISION:**

Amateurs only / Age 50 & up / Championship Tees (6,200-6,400 yards)

**SUPER SENIORS DIVISION:**

Amateurs or Pros / Age 63 & up / Super Senior Tees (5,700-5,900 yards)

**LEGENDS DIVISION:**

Amateurs or Pros / Age 70 & up / Legends Tees (5,300-5,500 yards)

All amateur competitors have option to move back to a division with longer tees. Competitors cannot move up to shorter tees unless they meet the minimum age requirement.

**REFUND POLICY**

The CPGA Senior Associate Program membership fee is non-refundable.

**RECRUIT 3, GET 1 FREE**

All members have the opportunity to receive one (1) free tournament entry fee in return for recruiting three (3) new Senior Associate members. New members must not have previously belonged to the program. The free tournament entry can be applied to any senior tournament of your choosing.



**APPLICATION FOR MEMBERSHIP  
2017 CAROLINAS PGA SENIOR ASSOCIATE PROGRAM**



Fee: \$50.00

PLEASE PRINT

Illegible or incomplete forms will be returned.

APPLICANT INFORMATION

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, and Zip Code*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Alternate Phone*

\_\_\_\_\_  
*Email Address*

EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
*Contact*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Alternate Phone*

PAYMENT INFORMATION

Method of Payment:    CHECK    VISA    MASTERCARD    AMEX    DISCOVER

\_\_\_\_\_  
*Credit Card #*

\_\_\_\_\_  
*Expiration Date*

\_\_\_\_\_  
*Name (as it appears on card)*

Checks payable to: Carolinas PGA Section – 6271 Bryan Park Rd – Browns Summit, NC 27214  
Phone (336) 398-2742   Fax (336) 398-2743

I hereby agree to abide by CPGA Tournament Rules & Regulations:

\_\_\_\_\_  
*(Contestant Signature)*