



Please fill out this application in its **entirety**, and send to [dan@salutemilitarygolf.org](mailto:dan@salutemilitarygolf.org). Please note this address will be used to mail you your checks as well as any tax documents at the end of the year.

PGA PROFESSIONAL APPLICATION		
APPLICANT INFORMATION		
Today's Date:		
Name:	Phone:	Email:
Address:		
City:	State:	Zip Code:
Facility:	PGA Member #:	SSN:
OFFICE USE ONLY		
Date:		
Chapter Location:		
Approved By:		

TIME TRACKING – PLEASE TRACK ALL HOURS WORKED HERE		
Date:	Hours:	Location/Event:

*Empowering Wounded Warriors, One Fairway at a Time*