



2005 PPA MEMBERSHIP APPLICATION

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Please circle the classification of membership for which you are applying.

PPA Pro \$150 ** APA \$25 I wish to contribute to the: JPA Fund \$ _____ PPA Hall of Fame \$ _____
**Includes 2 official shirts

NATIONAL AND WORLD PUTTING CHAMPIONSHIP Louisville, Ky July 24th – 29th 2005
PPA Pros may purchase their first spot in the World Putting Championship for \$125.
Limited to the first 96 PPA Pro's and MUST be postmarked by March 6, 2005.

_____ I wish to participate in the World Putting Championship and enclose an additional \$125 for my first spot.

Name _____ Social Security # _____

Street Address _____ City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

e-mail Address _____ Date of Birth (optional) _____ Age _____

Have you ever been convicted of a felony? No Yes If yes, explain in detail on the back of this application

Home Course _____ Circle your primary PPA State Tour:
NC SC Great Lakes Indiana Texas Virginia OK Other _____ None

MEMBERSHIP CONTRACT

As a member of the Professional Putters Association/Amateur Putters Association, I agree to abide by the rules and regulations of the PPA and the APA; to display proper character and good sportsmanship while participating or practicing; to allow any photographs, video images or voice recordings of myself to be used by the PPA without any remuneration; and to participate in any media event that the PPA or sponsor sanctions. I understand and agree that if identified in violation of any of the aforementioned that my membership and playing privileges may be suspended or revoked at the discretion of the PPA. I agree that I will under no circumstances take part in any tournament competition or tournament practice while under the influence of illegal substances or alcohol. I understand that the PPA and the APA reserves the right to request drug testing for any member. Failure to comply with a request to take a drug test may result in loss of membership privileges. I agree that I will not practice on any PPA® sanctioned golf course without paying all appropriate green fees prior to commencing play. I further agree that, if accepted for PPA, APA or JPA membership, I release from all liability the PPA Executive Director; the PPA Commissioner; the PPA National Tournament Director; the PPA National Players Advisory Board and its officers; the PPA Pro Players Committee; the PPA and its officers; the APA and Junior Putters of America. I agree that I have read, reviewed and fully understand the content of this application, and further understand that the PPA is a private company that reserves the right to accept membership at its sole discretion.

Signature _____ Date _____

With a Pro membership, I am entitled to 2 official PPA shirts. Please circle size desired. sm med lg xl xxl other _____

Please circle color desired White Orange Hunter Green Yellow

MAIL THIS APPLICATION (do not send your application with a return signature receipt required as this will significantly delay the delivery of your application) with your membership fees to:

The Professional Putters Association
5225 28th St
Lubbock, TX 79407

All phone inquiries please call 806-790-7900 or 434-237-7888
email: ppainfo@proputters.com

Age requirements

PPA Division memberships are open to any player 18 years or older. Any player 17 years old or younger who is desirous of joining the Pro Division must have parental consent. The PPA Executive Director must also approve the membership request. Amateurs have no age restrictions imposed, provided the applicant is capable of understanding and abiding by the rules set forth in the Official Rules & Regulations Book of the Professional Putters Association.

Disclaimer

The 2005 PPA National Tournament Program is contingent upon a minimum of 100 PPA National Pro applications being received by March 6, 2005. If the membership goal is not met by March 6, 2005, the Professional Putters Association reserves the right to alter the program, including the schedule of prize money to be awarded.

For Office Use Only Date Received: ___/___/2005 Amount Received: _____ Ck # : _____

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Career Statistics for (please print name) _____

Year Professional Status Earned _____ Year Amateur Status Earned _____

Career Money Winnings _____ Lifetime Stroke Average _____

National Tournaments Won _____ , _____ ,

_____ , _____ , _____ ,

_____ , _____ , _____

National Awards

_____ , _____ , _____

_____ , _____ , _____

Television Appearances

State Championships Won

_____ , _____ , _____

_____ , _____ , _____

State Tournaments Won

_____ , _____ , _____

_____ , _____ , _____

_____ , _____ , _____

_____ , _____ , _____

Anything else you want us to know? Please use the space below