



APPLICATION FOR REINSTATEMENT

APPLICATION DATE	
DD/MM/YYYY	
APPLICANT INFORMATION	
Full Name*	
Address*	
Address #2	
City*	
Province*	
Postal Code*	
E-mail Address*	
Phone Number*	
Golf Canada Number	
Golf Club Name	
GENERAL REINSTATEMENT INFO	RMATION
Have you ever been a member, or a Canada or another professional gol	applied for membership (including apprentice status) to the PGA of If organization?*
YES (see below)	NO (
Name of Organization*	
Date of Application*	
Date of Acceptance	
Date of Resignation	

_	Reinstatement of Amateur Status?*
YES (see below)	NO (
Date of Application	
RULES VIOLATION DETAILS	
	eur Status with Guidance Notes (effective January 1, 2023) for rule
eferences – if you have multiple	violations of the same rule, group them together.
Rules Reference #1	
Violation Start Date]
] [
Violation End Date	
Violation Details	
Relevant Organizations]
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Rules Reference #2	
Violation Start Date	
Violation End Date	
Violation Details	
Relevant Organizations	

Rules Reference #3	
Violation Start Date	
Violation End Date	
Violation Details	
Relevant Organizations	

Rules Reference #4	
Violation Start Date	
Violation End Date	
Violation Details	
Relevant Organizations	

Rules Reference #5	
Violation Start Date	
Violation End Date	
Violation Details	
Relevant Organizations	
APPLICATION VERIFICATION	
PGA of Canada Members are to sel verification.	nd their application to Darcy Kral (<u>darcy@pgaofcanada.com</u>) for
	ateurs are to send their application to their respective Provincial
Association for verification – please information.	e contact Sam Meek (<u>smeek@golfcanada.ca</u>) for appropriate contact
Organization Name*	
Organization Representative*	
Representative Signature*	
Date (DD/MM/YYYY)*	