

It is the Section's responsibility to ensure that each Member and Associate is properly classified; therefore we are conducting an annual review of all classifications.

The Employment Information form must be completed with all appropriate signatures and returned to the Section no later than February 15, 2025. Members and Associates are cautioned to be factual as falsification of information could result in disciplinary action. **The completion and return of the Employment Information form is mandatory prior to obtaining a 2025 RMSPGA Player Permit.**

EMPLOYMENT INFORMATION

• Are yo	Are you currently eligibly employed in the Rocky Mountain Section?					
• Golf Co	Golf Course/Facility Name					
• What i	What is your current Member or Associate classification?					
	What are your basic duties and responsibilities in your current position?					
• How m	nany hours do you spen o	d during a norm	al work week	in the following areas:		
Golf In	Golf Instruction Golf Operati		ns	Playing		
Merch	Merchandising Other (Specify					
• Are yo	u currently employed m	ore than 36 hou	rs a week out	side of the golf industry?		
Name of PGA N	Member/Associate		Signature o	f PGA Member/Associate		
Name of Highest Ranking PGA Professional or Owner/Manager of Facility			Signature of Highest Ranking PGA Professional or Owner/Manager of Facility			
Note: Signatu	re is required for the fol	lowing classifica	ations (A-6, A	-7, A-8, A-14, A-15 and al	l Associates)	
This completed	l form must be returned	to the Section p	rior to Februa	ry 15, 2025.		
Mail:	Rocky Mountain Section P.O. Box 340	on PGA	Fax	: (208) 939-6058		

Star, ID 83669

email: rockymtn@pgahq.com