Please return completed form to your State Association

Signature

APPLICATION FOR REINSTATEMENT TO AMATEUR STATUS (form for use in Australia, v10/17)

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NAME		Surname Preferred Given Name							
ADDRESS									
								Postcode	
Mobile Phone		Land Line Phone (0)							
Email Address									
Dat	e of Birth		Date at which I took up professional golf						
Clubs at Which Employed									
	Name of		Dates	Na	Name of Employer Typ			Types	of Employment
i.									
ii.									
iii.									
Date started PGA (or Tour) membership					Date ceased PGA (or Tour			nbership	
4. 5. If To	you have not been ur), please provide ached the Rules of ails must include the	a member of a PG details of how you Amateur Status. T	ice, insurance products, or gained from your members. A (or have linese trans						
Was there a period of more than six months during your professional career in which you played for prize money in more than an average of two events per month?									
If yes, how many such periods were there?									
Please provide dates of such periods (if applicable)									
D	etails of employmer	nt since last taking	part in professional golf						
	Details of golfing act taking part in p	ivities since last professional golf							
Har	ndicap (if any)		by whom allo	by whom allotted					
	re you ever previous stated to Amateur S			If yes, on how many occasions, and when?					
									Amateur Status. I have nent to Amateur Status.

Date: