

# 2026 PPA MEMBERSHIP APPLICATION



Membership fees for 2026 will be \$100 for Pro members and \$50 for APA members. (Please check the appropriate division.)



Pro Division Membership Fee \$100 \_\_\_\_\_ APA Division Membership Fee \$50 \_\_\_\_\_

Name \_\_\_\_\_ Social Security #(Required) \_\_\_\_\_

**NO APPLICATION WILL BE ACCEPTED WITHOUT A PROPER SOCIAL SECURITY NUMBER COMPLETED ABOVE**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEMBERSHIP CONTRACT/CODE OF CONDUCT

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 me to be used by the PPA without any remuneration whatsoever; and to participate in any media event that the PPA or any sponsor requires within reason, provided I am participating in the tournament or in the city where such media event is being held or sponsored.

I acknowledge that by signing this membership application, I am assuming all risk of injury or damage. I for myself and any personal representativeness, heirs and assignees, hereby agree to indemnify, release, waive, forever discharge and not to sue the organizer or other organizers of PPA events, Putt-Putt LLC, Putt-Putt Franchise Owners, Sponsors, Affiliates, Promoters, Volunteers, PPA or its representatives from any and all claims, demands, actions, cause of actions. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the event. 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. I understand that a copy of the 2026 Rule Book of the Professional Putters Association can be reviewed at [www.proputters.org](http://www.proputters.org). I understand and agree it is my responsibility to read, understand, and abide by all rules posted or any changes to the rules as they may occur from time to time. I understand and agree that if found 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 am committed to maintaining the highest degree of integrity in my dealings with fellow players, host owners, their staff, spectators, sponsors and tournament officials. Failure of this code of conduct will result in a first infraction fine of \$250 with a second infraction an immediate suspension of my membership and privileges.

PPA Pro Division is open to any player 18 years or older. Any player 17 years old or younger who desires to join the Pro Division must include a letter of 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 Rule Book of the Professional Putters Association. The Professional Putters Association reserves the right to change the program at its sole discretion and at any time, including any schedule of events or prize money to be awarded.



## GUIDE TO PLAYER AND SPECTATOR SAFETY



SELF-CHECK TEMPERATURE PRIOR TO ARRIVAL



PLAYERS AND GUESTS  
ACKNOWLEDGE THEY ARE FREE OF  
COVID-19 SYMPTOMS



STAY HOME IF YOU FEEL ILL OR  
DISPLAY SYMPTOMS OF COVID-19



BE RESPECTFUL OF OTHERS AND  
WATCH YOUR DISTANCE

**DESPITE MEASURES TO MITIGATE THE TRANSMISSION OF COVID-19, TOTAL ELIMINATION OF RISK  
AND EXPOSURE IS NOT POSSIBLE. THE PPA CANNOT GUARANTEE SOCIAL DISTANCING  
GUIDELINES BETWEEN PLAYERS, SPECTATORS AND OFFICIALS. THEREFORE ALL PLAYERS AND  
ATTENDEES MUST ASSUME THE RISK AND LIABILITY FOR ANY EXPOSURE TO COVID -19 AND ANY  
RELATED LOSS, LIABILITY OR INJURY AT ALL PPA EVENTS.**

Signature required \_\_\_\_\_

Date \_\_\_\_\_

MAKE CHECKS PAYABLE TO PROFESSIONAL PUTTERS LLC AND MAIL THIS APPLICATION with your membership fees to:

PROFESSIONAL PUTTERS LLC PO BOX 988 CANFIELD, OH 44406

EMAIL QUESTION TO: [proputtersllc@gmail.com](mailto:proputtersllc@gmail.com)

**DO NOT SEND THIS APPLICATION WITH RETURN RECEIPT REQUESTED. THIS WILL DELAY DELIVERY AND MEMBERSHIP APPROVAL.**