

Please return completed form to your State Association

APPLICATION FOR REINSTATEMENT TO AMATEUR STATUS (form for use in Australia)

NAME	Surname		Preferred Given Name	
	ADDRESS			
Private Phone	(0)	Business Phone	(0)	Postcode
Mobile Phone	EMAIL			

Date of Birth		Date at which I took up professional golf	
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Clubs at Which Employed

	Name of Club	Dates	Name of Employer	Types of Employment
i.				
ii.				
iii.				

Date at which I ceased to take part in professional golf	
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Date started PGA (or Tour) membership		Date ceased PGA (or Tour) membership	
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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)	

Details of employment since last taking part in professional golf	
Details of golfing activities since last taking part in professional golf	

Handicap (if any)		by whom allotted	
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Please provide details of FIRST breach of the Rules of Amateur Status (including date)	
Please provide details of LAST breach of the Rules of Amateur Status (including date)	

I confirm the information supplied is correct and complete and hereby make application for reinstatement to Amateur Status. I have also attached to this form any additional details which may affect a decision in relation to my period awaiting reinstatement to Amateur Status.

Signature		Date:
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Office Use Only

State Association Recommended PAR		Signed		Name	
Golf Australia confirmed PAR		Signed		Name	