



Candidate Personal Profile - Membership

Personal Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email: _____

What social media tools are you currently utilizing?

- Facebook LinkedIn
- Twitter None
- Other _____

Education & Certifications

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Other industry aligned courses of study:

_____ Dates attended/completed: _____
Dates attended/completed: _____
Dates attended/completed: _____

Certifications

- PCMA: Year Certified: _____ Status: _____
- PGA: Year Certified: _____ Status: _____ Classification: _____
- CCM: Year Certified: _____ Status: _____
- Other: _____

Employer Information

1. Present/most recent employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____

Name

Title

Location

Reported to you (please include name and title):

Reason for leaving:

2. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____

Name

Title

Location

Reported to you (please include name and title):

Reason for leaving:

3. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____

Name

Title

Location

Reported to you (please include name and title):

Reason for leaving:

Club Amenities & Facility Details

Please provide the following information reflective of your most recent place of employment:

Year club founded: _____

Gross Revenue: _____

Gross Dues: _____

Total number of members: _____

Number of full privileged members: _____

Total number on waitlist: _____

Initiation Fees: _____

Dues: _____

Number of membership categories: _____

Ownership type:

Member owned

Developer owned

Other (please describe): _____

Golf:

Number of holes: _____

Open year round: _____

Number of rounds annually: _____

Other Sports Areas (provide numbers of courts/courses as appropriate):

Bowling: _____

Skeet & Trap: _____

Yacht/Harbor Ops (include number of slips): _____

Tennis: _____

Paddle: _____

Squash: _____

Croquet: _____

Pools/Aquatics: _____

Fitness (sq ft): _____

Stables: _____

Spa: _____

Other: _____

Statement of Verification & Signature

By signing below, you attest that the information you provided is accurate and true to the best of your knowledge.

Signature

Date

Candidate Compensation Profile – Membership

Employer Information

Present/recent employer: _____

Position: _____ Years in position: _____

Annual Base: _____ Bonus: _____

How was bonus calculated: _____

Commissions: _____ Other Income: _____

Previous employer: _____

Position: _____ Years in position: _____

Annual Base: _____ Bonus: _____

How was bonus calculated: _____

Commissions: _____ Other Income: _____

Benefits Information

For the following, please provide information from your most recent place of employment.

Please describe your paid time off (PTO) benefits: _____

Medical Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual medical insurance benefit: _____

Dental Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual dental insurance benefit: _____

Life Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual life insurance benefit: _____

Disability Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual disability insurance benefit: _____

401k – Retirement Plan

- I have a 401k Plan through my employer.
- I do/did not have a 401k Plan through my employer.

Type of Coverage:

- I was offered matching contributions Annual Amount: _____
- I was not offered matching contributions.

Please explain any other type of arrangements: _____

Allowances:

- Clothing Amount: _____
- Dry Cleaning Amount: _____
- Dining Amount: _____

Industry Association Membership Reimbursement

- PCMA Please describe: _____
- PGA Please describe: _____
- CMAA Please describe: _____
- Other Please describe: _____

Statement of Verification & Signature

By providing the information contained within this form and by signing this document, you agree to provide verification of any of the information. This verification process may include requests for your IRS tax returns, W2's, employee agreements from current or previous employers, or other information.

Signature

Date