



WSGA/USGA HANDICAP SYSTEM CLUB LICENSING PROGRAM APPLICATION

Term: Date: Month: _____ Day: _____ Year: _____ through December 31, 2017

Instructions:

- 1) Form is to be completed by the Handicap Chairperson of the golf club. This is the name of the individual that your club has submitted to the Washington State Golf Association for official records. If your club has multiple golf groups (services) and has submitted a different name for each group (service) as Handicap Chairperson, then separate applications must be filled out, signed and returned.
- 2) Please return to the WSGA office, where it will be signed and kept on file. The WSGA will then submit the name of your golf club to the USGA, where it will be shown on their website as part of an Authorized Golf Club list.

Golf Club Name: _____
 Number of Members: _____ Date Organized: _____ Golf Club Type: (1, 2 or 3) _____
 Golf Club Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ E-mail Address: _____
 Club Website (if applicable): _____
 Handicap Chairperson's Name: _____
 Handicap Chairperson's Signature: _____
 Handicap Chairperson's Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ E-mail Address: _____

By submission, I agree to the following:

1. Our golf club meets the definition of a golf club.
2. Our golf club follows the active/inactive season of the Washington State Golf Association and the USGA National Revision Schedule.
3. Our golf club follows the USGA Handicap System manual in its entirety.
4. Our golf club meets all items in the club compliance checklist.
5. Our golf club acknowledges that the USGA is the owner of the trademarks, service marks and copyrights listed in the USGA Handicap System Manual.

To Be Completed By The Washington State Golf Association:

To the best of our knowledge, we certify all information on this form to be correct, and the golf club is aware of the Washington State Golf Association's season and the USGA National Revision Schedule.

WSGA Authorized Signature: _____ Date: _____

Return To:

Washington State Golf Association
 1010 S. 336th Street, Suite 310
 Federal Way, WA 98003
 Phone Toll Free: 1-800-643-6410 Fax: 206-522-0281