



HANDICAP CHAIR INFORMATION FORM

While it is the policy of the WSGA to mail all materials to the attention of the Handicap Chairperson at the mailing address of the club, we would appreciate you supplying us with your home mailing address on the form below. If your Handicap Chairperson changes, please fill out the form below and return it to our office.

Please be sure to specify both your complete club name and your club and service number below. (Example: 20-999-04, Happy Trails Women's 9-Hole Golf Club).

CLUB NUMBER: **20** - ____ - ____ - ____

CLUB NAME: _____

CHAIRPERSONS NAME: _____

MAILING ADDRESS (Home): _____

CITY: _____ ST: _____ ZIP: _____

HOME PHONE: (_____) _____ DAYTIME PHONE: (_____) _____

YOUR GHIN #: _____

E-MAIL ADDRESS: _____

Would you like to receive all of your WSGA correspondence via e-mail? Yes ___ No ___

Please return this form to:

**Washington State Golf Association
1010 S 336th St Suite 310
Federal Way, Washington 98003
Phone (206)526-8605 Fax (206)522-0281**