WA Golf/USGA Handicap System Club Licensing Applications



Term	Month:	Day:	Year:	through December 31, 2024
INSTRUCT	TIONS			
Washingto		rds. If your club has n	nultiple golf groups (se	name of the individual that your club has submitted to the ervices) and has submitted a different name for each group (service) ned and returned.
	return to the WA Golf vill be shown on their v			le. WA Golf will then submit the name of your club to the USGA, st.
Golf Clu	b Name:			-
Number of Members:		Date C	Organized:	Golf Club Type: (1, 2 or 3)
Golf Clu	b Address:			
City:		State: _	Zip Code	:
Telepho	ne:	E-m	nail Address:	
Club We	ebsite (if applicable	9):		
By subn	nitting this form, I	agree to the follo	wing:	
2. 3. 4. 5.	Revision Schedule. Our golf club follows Our golf club meets	s the active/inactive s the USGA Handica all items in the club wledges that the US	season of the Was ap System manual in compliance checkl	
Handica	p Chairperson's N	ame:		
Handica	p Chairperson's S	ignature:		
Handica	p Chairperson's A	ddress:		
City:		State:	Zip Code:	
Telepho	one:	E-m	nail Address:	
To be c	ompleted by Was	hington Golf:		
To the b	est of our knowle	dge, we certify all	information on tl	his form to be correct, and the golf club is aware of the
				ins form to be correct, and the gon that is aware or the
WA Golf	season and the U	ISGA National Rev	vision Schedule.	ins form to see connectly and the gon class is aware or the

Please email this form to cwestwood@wagolf.org or return to:

Washington Golf: 3401 S 19th St, Suite 200, Tacoma, Washington 98405 • Phone (206) 526-8605