



# WISCONSIN STATE GOLF ASSOCIATION

## The USGA Handicap System™

## Licensing Program Application for WSGA Member Clubs

Term: Date: Mo: \_\_\_ Day: \_\_\_ Year: \_\_\_ -- December 31, 2007

### Instructions:

1. Form is to be completed by the Handicap Chairperson of the golf club.
2. Mail or fax completed application to the WSGA office for signature approval. **Do not send to USGA.** Application will be kept on file at the WSGA office and is subject to audit by the USGA.

Golf club name: \_\_\_\_\_

Number of members: \_\_\_\_\_ Date organized: \_\_\_\_\_

Golf club address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Handicap Chairperson's name\*: \_\_\_\_\_

Handicap Chairperson's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*\*Handicap chairs may not be an employee of the golf club. If an employee is listed as the chairperson, the golf club will not comply with the USGA Handicap System™. Participation by a representative from the golf club in a Handicap Certification Seminar is also required.*

### By submission, I agree to the following:

1. Golf club meets the USGA's definition of a golf club.
2. Golf club follows the handicap revision schedule and active/inactive season set forth by the WSGA.
3. Golf club follows *The USGA Handicap System™* manual in its entirety.
4. Golf club meets all items in the club compliance checklist (as defined by the USGA).

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By the Wisconsin State Golf Association**  
To the best to our knowledge, we certify all information on this form to be correct.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_