



The USGA Handicap System™
Licensing Program for Clubs Application
WPGA Member Clubs

Term: January 1, 2012 – December 31, 2015

Instructions:

1. Form is to be completed by a staff member or Handicap Chairperson.
2. Return completed application to Western Pennsylvania Golf Association.

Golf Club Name: _____

Number of Members: _____ Date Organized: _____

Club Address: _____

City: _____ State: _____ Date: _____

Telephone: _____ Fax: _____

Club Website (if applicable): _____

Email Address: _____

Handicap Chairperson: _____

By submission, I agree to the following:

1. Golf Club meets the definition of a golf club.
2. Golf Club follows the handicap revision schedule and active/inactive season of WPGA.
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 in application).
5. Golf Club acknowledges that the USGA is the owner of the trademarks and service marks listed in the USGA Handicap System Manual.

Signed: _____ Title: _____ Date: _____

To Be Completed by Authorized Golf Association

To the best of our knowledge, we certify all information on this form to be correct.

Authorized Golf Association: _____

Signed: _____ Title: _____ Date: _____