



THE WESTERN AUSTRALIAN GOLF ASSOCIATION (INC)

Suite 1/5, 49 Melville Parade, South Perth WA 6151

P O Box 455, South Perth WA 6951

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www.wagolf.com.au

e-mail: waga@wagolf.com.au

CLUB INFORMATION SHEET / MEMBERSHIP DECLARATION

1. Club Name:	_____		
Golf Link Number:	_____		
Club Category:	"B" Club		
District Name:	Metropolitan		
Street Address:	_____		
	_____	Post Code:	_____
Postal Address:	_____		
	_____	Post Code:	_____
Club Phone Number:	1. _____	2. _____	
Fax Number:	_____		
Email Address:	_____		
Website Address:	_____		
Name of Course:	_____	_____	_____
Number of Holes:	_____	_____	_____
Length (metres):	_____	_____	_____
Par:	_____	_____	_____
ACR:	_____	_____	_____
Course Record:	_____	Date Achieved:	_____ Score: _____
Club Champion:	_____		
Note: Name of course eg. championship, members, midweek, course one, course two etc. (refer to the men's courses only).			
Date of Annual General Meeting:	_____	Centenary Year:	_____
Course Architect:	Original:	_____	
Course Architect:	Current:	_____	

2. Club Secretariat: General Manager Manager Managing Secretary

Secretary Manager Secretary Other: _____

Name: Mr / Mrs / Ms / Miss
Title Christian Name Surname

Telephone: _____ Fax: _____

Professional _____
Title Christian Name Surname

Pro Shop Number: _____

Fax: _____

Email Address: _____

Course Superintendent: _____
Title Christian Name Surname

Telephone: _____

Email Address: _____

3. President: _____
Title Christian Name Surname

Address: _____
_____ Post Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Captain: _____
Title Christian Name Surname

Address: _____
_____ Post Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Club Delegate (1): _____
Title Christian Name Surname

Address: _____
_____ Post Code: _____

Telephone: _____ Fax: _____

Email Address: _____

4. Major Events

<i>Name of Event</i>	<i>Dates</i>	<i>No. of Holes</i>	<i>Type</i>	<i>Eligibility</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Number of Staff:

<i>Full Time</i>	<i>Part Time</i>	<i>Total</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administration: _____

Course: _____

House: _____

TOTAL: _____

6. Reciprocal Clubs:

Queensland: _____

New South Wales: _____

South Australia: _____

Tasmania: _____

Victoria: _____

International: _____

7. Smoke Free Areas:	Bar Area	<input type="text"/>	Lounge	<input type="text"/>	Dining Room	<input type="text"/>
	Kitchen	<input type="text"/>	Office	<input type="text"/>	Pro Shop	<input type="text"/>
	Change Rooms	<input type="text"/>	Committee Rooms	<input type="text"/>	Common Areas	<input type="text"/>

8. Membership Declaration:

I declare that as at January 1, 2009 the total male playing membership of the _____
Golf Club is as follows -

1. **Under 12** _____
2. **12 – 14 Years** _____
3. **15 – 17 Years** _____
4. **TOTAL (2 + 3)** _____
5. **18 – 21 Years** _____
6. **22 – 30 Years** _____
7. **31 – 50 Years** _____
8. **51 – 70 Years** _____
9. **Over 70 Years** _____
10. **TOTAL (5 to 9)** _____
- OVERALL TOTAL (4 + 10)** _____

Signed: _____

Name: _____ Position Held: _____