



THE WESTERN AUSTRALIAN GOLF ASSOCIATION (INC)

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

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CLUB INFORMATION SHEET / MEMBERSHIP DECLARATION

1. Club Name:	_____		
Golf Link Number:	_____		
Club Category:	"C" Club _____		
District Name:	Country _____		
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:	<input type="checkbox"/> General Manager	<input type="checkbox"/> Manager	<input type="checkbox"/> Managing Secretary
	<input type="checkbox"/> Secretary Manager	<input type="checkbox"/> Secretary	Other: _____
Name:	_____		
	<i>Title</i>	<i>Christian Name</i>	<i>Surname</i>

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

Pro Shop Number: _____

Fax Number: _____

Email Address: _____

Course Superintendent: _____
Title Christian Name Surname

Telephone: _____ Fax: _____

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: _____

4. Major Events:

<i>Name of Event</i>	<i>Dates</i>	<i>No. of Holes</i>	<i>Type</i>	<i>Eligibility</i>
<u>eg. Club Open Day</u>	<u>Sunday July 15 2009</u>	<u>36</u>	<u>Par</u>	<u>Open : invitation : closed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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="checkbox"/>	Lounge	<input type="checkbox"/>	Dining Room	<input type="checkbox"/>
	Kitchen	<input type="checkbox"/>	Office	<input type="checkbox"/>	Pro Shop	<input type="checkbox"/>
	Change Rooms	<input type="checkbox"/>	Committee Rooms	<input type="checkbox"/>	Common Areas	<input type="checkbox"/>

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: _____