



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:	"D" Club		
District Name:	Metropolitan – Social / Public		
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:	_____		
<b>Note: Name of course eg. championship, members, midweek, course one, course two etc. (refer to the men's courses only).</b>			
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:** \_\_\_\_\_

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="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: \_\_\_\_\_