



ASSOCIATION INFORMATION SHEET

TO: WSCGA STATE REPRESENTATIVES

Please furnish the following information and send to the address below. **Your e-mail address is important as most correspondence from the WSCGA will be by e-mail.**

PLEASE TYPE OR PRINT

CLUB _____ E-MAIL: _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE _____ GOLF PROFESSIONAL _____

WOMEN'S CLUB CHAMPION: _____

STATE REPRESENTATIVE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE _____ *E-MAIL* _____

HANDICAP CHAIRMAN _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE _____ *E-MAIL* _____

PLEASE RETURN TO:

WSCGA
Inez Long
P. O. Box 1759
Bluffton, SC 29910