

# MGA MEMBER CLUB PROFILE 2019

THE MGA HAS TO HAVE THIS INFORMATION VERIFIED/DOCUMENTED ON FILE FOR 2019. THANK YOU

Please Print

Name of Club/Course \_\_\_\_\_

PGA Professional \_\_\_\_\_ Email \_\_\_\_\_

Tournament Chairperson \_\_\_\_\_ Email \_\_\_\_\_

Manager \_\_\_\_\_ Email \_\_\_\_\_

Website address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Semi Private \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_ Hole Course \_\_\_\_\_

**USGA GHIN ADMINISTRATOR (this person will have the initial permission for GHIN Admin setup)**

Name/Title \_\_\_\_\_

E-Mail address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## USGA GHIN ACCOUNTS PAYABLE

Name/Title \_\_\_\_\_

E-Mail address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## USGA GHIN HANDICAP CHAIRPERSON

Name/Title \_\_\_\_\_

E-Mail address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## USGA TOURNAMENT MANAGEMENT

Will the club/course be using the USGA Tournament Management Software in 2019? Yes \_\_\_\_ No \_\_\_\_

Are you interested in more information in the **USGA TM Premium** Product Yes \_\_\_\_ No \_\_\_\_

**We would appreciate it if you would return this form as soon as you can by fax, email or mail**

**573-636-4225 Fax [kraithel@mogolf.org](mailto:kraithel@mogolf.org) or MGA, PO Box 104164, Jefferson City, MO 65110**