  

**ASSOCIATION (CLUB) APPLICATION FORM**

**Please fill out the application form honestly and send back to Golf Vietnam for approval on your request to gain authorization for your Association (Club)**

DOES THE ASSOCIATION (CLUB)…..*?*

YES / NO

• Have a *Handicap Committee* composed of members (and/or qualified staff) [ ] [ ]

• Meet the Golf Vietnam definition of a *golf club*? [ ] [ ]

\*\*\*Requires a minimum of 15 members.

• Require the posting of all acceptable scores made at home and away? [ ] [ ]

• Require that nine-hole scores be posted? [ ] [ ]

• Insist that The Rules of Golf be followed? [ ] [ ]

• Ensure that all acceptable scores are entered correctly? [ ] [ ]

• Make current *scoring records* and *Handicap Factors* of all members readily

available for inspection by others? [ ] [ ]

• Reduce or increase *Handicap Factors* of any player whose handicap does not

reflect the player’s potential ability? [ ] [ ]

• Have a representative from the *Association* with knowledge about the system? [ ] [ ]

If the answer to all questions is “YES,” the *Association (club)* is following the *Handicap*

*System* and may issue a *Handicap Factor*.

If any answers are “NO,” Golf Vietnam will contact the applicant to determine

necessary action to achieve compliance and authorization.

Please provide the following Association details:

Name of Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Members: \_\_\_\_\_\_\_\_(pax)…(Minimum of 15 to qualify)

Handicap Chairperson: (Mr./Mrs.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chairperson: (Mr./Mrs.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_