

Office use. Application Date: _____

Display Date: _____

OXLEY PARK GOLF CLUB

APPLICATION FOR MEMBERSHIP

7 Day		Weekday		Flexi		Intermediate	
Student		Junior		House		Country	

Name(in full please).....TITLE.....

ADDRESS.....

POSTCODE.....DATE OF BIRTH.....

HOME TEL NO.....MOBILE TEL NO.....

CURRENT / PREVIOUS OCCUPATION.....

E-MAIL:

OTHER GOLF CLUBS OF WHICH YOU ARE, OR HAVE BEEN A MEMBER:

YOUR EXPERIENCE AS A GOLFER.....

PRESENT HANDICAP..... ID 10 digit No: LOWEST HANDICAP.....

INTRODUCED BY

I hereby give my consent for appropriate and necessary data held at present by Oxley Park Golf Club relating to me. I also understand that this information will not be passed to a third party without further permission being obtained.

I HEREBY APPLY FOR MEMBERSHIP OF OXLEY PARK GOLF CLUB AND I AGREE TO ABIDE BY THE RULES OF THE R&A GOLF CLUB OF ST ANDREWS AND ALSO OXLEY PARK GOLF CLUB AS NOW CONSTITUTED AND AS MAY BE AMENDED FROM TIME TO TIME DURING MY MEMBERSHIP.

SIGNED.....DATED.....