



Membership Application Form

Date: Membership Number: Membership Pin:

Membership Categories (Please tick the appropriate box)

<input type="checkbox"/> Member	<input type="checkbox"/> Associate	<input type="checkbox"/> Family
<input type="checkbox"/> 7 Day	<input type="checkbox"/> Pee Wee 11 & Under	<input type="checkbox"/> Intermediate 18-21yrs
<input type="checkbox"/> 6 Day	<input type="checkbox"/> Junior 12-15yrs	<input type="checkbox"/> Intermediate 22-23yrs
<input type="checkbox"/> 5 Day	<input type="checkbox"/> Junior 16-17yrs	<input type="checkbox"/> Full Time Student 22-23yrs

Title: (Mr, Mrs, Miss)

Surname: Given Name:

Preferred Name: Date Of Birth:

Home Address:

Suburb: Post Code:

Phone: Work: Mobile:

Email: Occupation:

Postal Address If Different:

Nationality: Present Age:

Are you currently a member of another club? **Yes/ No** Handicap:

If yes, which club Golfink No:

Have you been a member of another club? **Yes/ No** Handicap:

If yes, which club Is Oxley to be your home club? **Yes/ No**

Note: If you have an AGU handicap but not a Golfink No. please attach a handicap report

How did you hear about Oxley Golf Club? (Please tick the appropriate box)

<input type="checkbox"/> Website	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Street Signage	<input type="checkbox"/> Referral by Member _____
<input type="checkbox"/> Local Paper	<input type="checkbox"/> Other (please specify) _____		

I undertake to abide by the Rules of Oxley Golf Club.

Applicants Signature: _____ Date: _____

OFFICE USE ONLY

Meeting Required: YES/ NO	Date of Next Meeting:
Date of Application:	
Nomination Fee: \$	Method of Payment:
Subscription Fee: \$	Method of Payment: