



Oxford City Golf Club



Oxford Ladies Golf Club



LIFESTYLE MEMBERSHIP - APPLICATION FORM

Full Name:								
Address:								
Post Code:								
Date of Birth:								
Telephone Numbers:	Home:							
	Work:							
	Mobile:							
Email Address:								
Occupation:								
Playing Experience (Please tick as applicable)	Beginner	Handicap 1 to 18			Handicap 19 to 36			
Likely Playing Times (Please tick all applicable)		MON	TUE	WED	THU	FRI	SAT	SUN
	am							
	pm							
	eve							
<input type="checkbox"/> I have read and accept the Lifestyle Membership Terms & Conditions								
Date:	Signature:							