



**Oxford City Golf Club**

**Oxford Ladies Golf Club**



FULL NAME:					
ADDRESS:					
POST CODE:					
DATE OF BIRTH:					
TELEPHONE NUMBERS:	Home:				
	Work:				
	Mobile:				
EMAIL:-					
OCCUPATION:					
MEMBERSHIP	FULL	5-DAY	Intermediate / Country	Junior	Social
PLAYING EXPERIENCE					
PREVIOUS GOLF CLUBS:					
PRESENT HANDICAP:					
INSTRUCTION FROM A PROFESSIONAL					
INTRODUCED BY: ( <i>NOT MANDATORY</i> )					
SIGNATURE					
DATE:					