

# OXFORD GOLF CLUB

**Oxford City Golf Club**

**Oxford Ladies Golf Club**



Full Name:					
Address:					
Post Code:					
Date of Birth:					
Telephone Numbers:	Home:				
	Work:				
	Mobile:				
Email Address:					
Occupation:					
Membership required:	FULL	5-DAY	INT	Junior	Social
How long have you been playing golf?					
Previous Golf Clubs:					
Present Handicap:					
If you are a beginner, have you received instruction from a professional?					
Proposer:					
Seconder:					

Signed:	Dated:
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