



**OXLEY
GOLF CLUB**

Oxley Golf Club
290 Boundary Rd, Oxley 4075
Phone: 07 33796322

Email: admin@oxleygolfclub.com.au
www.oxleygolfclub.com.au

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"/> 7 Day	<input type="checkbox"/> Pee Wee	Intermediate 18-25yrs	Lifestyle 26-45yrs
<input type="checkbox"/> 6 Day	<input type="checkbox"/> Junior 12-15yrs	Intermediate 26-29yrs	<input type="checkbox"/>
<input type="checkbox"/> 5 Day	<input type="checkbox"/> Junior 16-17yrs	Pay for Play	<input type="checkbox"/>

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:

Present Age:

Are you currently a member of another club? Yes No Golfink No:.....

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

Have you been a member of another club? Yes No Golfink No:.....

If yes, which club

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 Sign
<input type="checkbox"/> Magazine	<input type="checkbox"/> Facebook	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Referral by Member / Staff (please specify) _____		

I undertake to abide by the Rules and By-laws of Oxley Golf Club.

Applicants Signature: _____ Date: _____

Subscription Fee:\$ Subscription Fee with C/C Surcharge:\$.....

