

Membership Application

Title..... Surname..... Forename(s).....

Address.....

County..... Post Code.....

Telephone: (Home)..... (Work)..... (Mobile).....

e-mail..... Date of Birth.....
 (Please do not provide your email address if you do not wish to be contacted by email by the Club)

Have you ever been a member of a Golf Club? If so, please give details of the club and your handicap.

Club..... Handicap.....

If applying for Joint Membership please give spouse details below

Forename (s)..... Date of Birth.....

Handicap.....

Telephone: (Work)..... (Mobile).....

e-mail.....
 (Please do not provide your email address if you do not wish to be contacted by email by the Club)

Type of Membership Required

7 Day Member <input type="checkbox"/>	7 Day Joint Member <input type="checkbox"/>
5 Day Member <input type="checkbox"/>	5 Day Joint Member <input type="checkbox"/>
Intermediate Plus Member <input type="checkbox"/>	Junior Member <input type="checkbox"/>
Intermediate Member <input type="checkbox"/>	Gateway Member <input type="checkbox"/>
Annual "Off Peak" Pass <input type="checkbox"/>	"Off Peak" Member <input type="checkbox"/>

Please state how you heard about Oakland Park Golf Club or if you are a previous member.

Please note there is no need to send payment at the moment as a statement of fees due will be sent to you once your application has been passed and processed.

I hereby apply for membership and agree to abide by the Club Rules. Membership of Oakland Park Golf Club is entirely at the discretion of the proprietors who reserve the right to withdraw Membership at any time.

Signature.....	Signature (Joint).....	Date.....
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