



Membership Number: \_\_\_\_\_

# Oxley Golf

290 Boundary Rd, Oxley QLD 4075

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## Application for Membership

### TYPE OF MEMBERSHIP

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Member | <input type="checkbox"/> Associate          | <input type="checkbox"/> Family                  |
| <input type="checkbox"/> 7 DAY  | <input type="checkbox"/> Pee Wee 11 & Under | <input type="checkbox"/> Intermediate 18-21      |
| <input type="checkbox"/> 6 DAY  | <input type="checkbox"/> Junior 12-15       | <input type="checkbox"/> Intermediate 22-23      |
| <input type="checkbox"/> 5 DAY  | <input type="checkbox"/> Junior 16-17       | <input type="checkbox"/> Full Time Student 22-23 |

Month Joined: \_\_\_\_\_

Title: (Mr, Mrs, Ms, Miss) \_\_\_\_\_

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who submits the application for investigation and to be dealt with in accordance with the Rules of the Club and agrees to accept and abide by ruling hereon. The committee's decision is final.

Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ p/c: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Postal Address If Different: \_\_\_\_\_

Nationality: \_\_\_\_\_ Present Age: \_\_\_\_\_

Are you currently a member of another club? Yes / No \_\_\_\_\_ Handicap: \_\_\_\_\_

If yes, which club \_\_\_\_\_ Golf Link No: \_\_\_\_\_

Have you been a member of another golf club? Yes / No \_\_\_\_\_ Handicap: \_\_\_\_\_

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

If you have an AGU handicap but not a golflink no. Please attach a handicap report

Proposer: \_\_\_\_\_ Proposer: \_\_\_\_\_  
NAME SIGNATURE

Seconder: \_\_\_\_\_ Seconder: \_\_\_\_\_  
NAME SIGNATURE

If elected, I undertake to abide by the Rules and By-laws of the Club.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

