



**OLDHAM GOLF CLUB**  
 Lees New Road  
 Oldham  
 OL4 5PN  
 Tel: 0161 624 4986  
 Email: [info@oldhamgolfclub.com](mailto:info@oldhamgolfclub.com)  
 Web Site: [www.oldhamgolfclub.com](http://www.oldhamgolfclub.com)



### Membership Application Form

I wish to become a member of Oldham Golf Club in the following Category

Category	Please Tick	Category	Please Tick	golf	Please Tick
Gentlemen		Junior		7 day	
Lady		Country		Off peak	
Intermediate		Social (no golf)		other	

If elected as a member I hereby agree to be bound by, and uphold the rules and standards set by the club. I understand that to comply with GDPR and in order for the club to operate, a minimum amount of information has to be held by the club whilst I am a member and therefore I also agree to the club holding my personal details. I also agree to my contact details being passed to the clubs “New member” contact. Re information from the club I would prefer the following method of contact. Please tick

	Please Tick		Please Tick		Please Tick
email		letter		telephone	
I would like information about the Monthly Development Draw					

The following particulars are correct (CAPITALS PLEASE)

Full Name of Candidate:	
Home Address:	
Post Code:	
Home Tel:	
Mobile Phone:	
Email Address:	
Date of Birth	
Occupation:	
Business Address:*	
*If applicable	
Tel:	
Handicap:	CDH number ..... h/cp ..... if not active last held year
England Golf	WWHS Privacy document. Copy received date
Membership of any other Golf Club/s	State: CLUB .....Type of Membership ..... If remaining a member of that club which will be your home club. .....
Date:	Signature:

**Office Only**

Membership category:-		Initial subs:-
Date Application Form Received :-		£ .
PAID date	Cash                      chq                      card                      BACS	
New Member Mentor		
Welcome Pack	SAGE..... BRS ..... e-mail	