OLDHAM GOLF CLUB
Lees New Road
Oldham
OL4 5PN
Tel: 0161 624 4986
Email: info@oldhamgolfclub.com
Web Site: 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	Category	Please Tick
Gentlemen		Intermediate under 40 years		7 day	
Lady		2nd Club 7 day		5 day 65yrs +	
Junior under 18yrs		Off peak (Tue & Fri)			
Social (no golf)		9 Hole –(Ladies)		New to Golf	

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)

title: delete as applicable	Mr / Mrs / Miss / Ms . Other please state
Full Name of Candidate:	
Home Address:	
Post Code:	
telephone	HOME. Mobile phone
Email Address:	
Date of Birth	
Occupation:	
Business Address:*	
*If applicable	
Business telephone	
England Golf	**WWHS Privacy document. Copy received date**
Handicap index: (…….)	**CDH number …… if not active last held year……**
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	

Revised 13/12/2022