



Ogbourne Downs Golf Club

Application for Membership

Name of Candidate (BLOCK LETTERS)

Address (BLOCK LETTERS)

Telephone Number (Home) (Work)

E-Mail AddressOccupation.....

Date of Birth Date of Application

Present Golf Club (if any)

Handicap CDH Lifetime ID

I hereby apply for Membership and if elected agree to abide by the Rules of the Club.

Signature of Applicant
.....

Proposer (BLOCK LETTERS)Signature

Seconder (BLOCK LETTERS)Signature

IMPORTANT: the applicant of any candidate for election to membership of the club must be proposed and seconded by full playing members of at least two years standing, one of whom must have personal knowledge of the applicant. A lady applicant must either be proposed or seconded by a full playing lady member. Applicants unable to obtain a proposer may apply with a letter of introduction from a previous golf club.

----- Categories Of Membership -----			
Seven Day Oap Aged 25-40 (Jan 1 st) Aged 11-18 Spouse	Seven Day Oap Aged 19-25 (Jan 1 st) Under 10	Five Day Associate Social	Five Day Country Social

For Office Use

Input On Club Systems	[]	Input On Brs	[]
Input On Website	[]	Issue A Club Card / Diary / Bag Tag	[]
Issue Login Details By E-Mail	[]		

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