



KIPPIE LADIES GOLF SECTION MEMBERSHIP FORM

NAME (Block Capitals)

ADDRESS

.....

.....Postal Code.....

NAME OF SCOTTISH GOLF
CLUB OF WHICH YOU
ARE/WERE A MEMBER IN

LAST 12 MONTHS.....

DESIGNATED HOME CLUB.....

OFFICIAL HANDICAP

CDH No IF APPLICABLE.....

HOME TEL:

MOBILE TEL No:

Date of Birth (*Scottish Golf Requirement*)

E mail address.....

(*Essential for mailing – PLEASE WRITE CLEARLY*)

APC MEMBERSHIP NO.....

SIGNED

DATE.....

Fees:

Joining Date		Fees
Before 31 st July	<input type="checkbox"/>	£30
After 1 st August (<i>reduced fee</i>)	<input type="checkbox"/>	£25

Bank of Scotland

A/C Name: KIPPIE LADIES GOLF

A/C No: 15150366

Sort code: 80-22-60

Reference: **FIRST AND SURNAME**

(If you do not have Internet banking, please could you make the payment at a Bank of Scotland Branch. Copy your receipt, put your name on the receipt, hand to Kippie Reception and ask them to put it in Louise's folder)

PLEASE RETURN THIS FORM BY EMAIL TO kippieladiesgolf9@gmail.com

February 2024