



Stirling and Clackmannan County
Ladies' Golf Association

Application for Membership

NAME: _____

ADDRESS: _____

TEL No: _____

CLUB: _____ CDH NUMBER : _____

CURRENT HANDICAP (maximum 35) _____

PLACE OF BIRTH: _____

SIGNATURE: _____

DATE: _____

Please send completed application form together with cheque for £35 made payable to S&CCLGA to:

**Miss Gail Haley
30 Overton Road
Grangemouth
FK3 0LA
TEL: 01324 472303**