



Kingdom of Fife

Group of Advanced Motorists



Application for Associate Membership

IAM Reference Number

Motorcycle / Car

Full Name (Mr / Mrs / Ms / Miss)

Address

.....

.....

Postcode

Telephone / Mobile

Email Address

Occupation

Make Of Car / Motorcycle

Date of Birth

Model Of Car / Motorcycle

Driving Experience years

Capacity cc

**Has any court, in the last three years, ordered a conviction to endorse your driving licence?
(This includes an order for disqualification) YES / NO**

If YES, give full details on a separate piece of paper of nature of offence, date of conviction, penalty and an explanation of the circumstances.

Statement of application

I affirm that I will observe the rules of the Institute of Advanced Motorists and those of the Kingdom of Fife Group. I undertake to inform the Group Secretary without delay of any future motoring prosecutions. I have no objection to these details being held on computer.

When attending my first Observer Run with a KOFG Observer, I agree to produce my Current Full Driving Licence (both parts) as well as a Certificate of Insurance and MOT Certificate (if applicable) for my vehicle.

Signed

Date

Please send to :

Dr J W Ewing Forrester
3 Balone Steading
St Andrews
KY16 8NS

Tel : 01334 478273 / Email : membership@kofgiam.org.uk