



CLANN NA NGAEL CLUB MEMBERSHIP APPLICATION FORM 2014

Ainm/Name _____

Seoladh/Address _____

D.O.B _____

Place of Birth _____

Tel. No _____

I hereby apply to Clann na nGael GAA club for membership.
I subscribe and undertake to further the aims and objections of the Club and of Cumann Luchchleas Gael (The Gaelic Athletic Association) and to abide by its rules.
I attach herewith the appropriate membership fee as determined by the above club.

Signed _____ Date _____

Parent(s)/Guardian(s), on behalf of the above named, we/I consent to the above Application and to the undertakings given by the Applicant.

If your child suffers from any illness/allergy, please state below:

We/I consent to our/my child's team photo to be used on the Scorcher Website

Yes/ No

We/I consent to our/my child receiving text messages about training and matches

Yes/ No

Signed _____ Date _____ Contact Number _____

Mob.No _____ to receive texts about training and matches.

MEMBERSHIP FEE €100 PER FAMILY
 €30 PER CHILD
 €50 PER ADULT

Family Membership

Parents

Name 1: _____

Name 2: _____

Address: _____

Tel No: _____

Kids

Name 1: _____

D.O.B: _____

Place of birth: _____

Name 2: _____

D.O.B.: _____

Place of Birth: _____

Name 3: _____

D.O.B: _____

Place of Birth: _____

Name 4: _____

D.O.B: _____

Place of Birth _____