

Cairde Mhaigh Eo Application 2015



Members Details

Name	
Address Line 1	
Address Line 2	
Address Line 3	
Mobile Phone	
E-Mail Address	
Alternative phone number	
Date of Birth	

Debit/Credit Card Details

Name on Card	
Long Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Type	<input type="radio"/> Visa Debit/ <input type="radio"/> MasterCard/ - Circle one Please

Mayo GAA will not ask you to write your CVV number on this form.

We will make contact with you before any transaction is taken from your account and request the CVV number at that point.

Please **do not** put your CVV or PIN number on any part of this form.

Agreement and Signature

By signing this application, I confirm that I have read the Season Ticket Club Plus Terms and Conditions understand the rules of the scheme including "Pay & Play" and authorize that payments be deducted from my Debit/Credit Card accordingly

Name (printed)	
Signature	
Date	

Is this application a gift Y/N – If Yes please complete your name and mobile number below

Name _____

Mobile

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