

Eadestown C.L.G. Adult Membership Application Form 2016

Ainm/Name: _____

Seoladh/Address: _____

Phone: (home) _____ (mobile) _____

Email _____

Date of Birth: Players only |__| Day |__| Month |__| Year (e.g. 06 02 90)

I hereby apply to: Eadestown Club for Membership

and Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association)

I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules and I attach herewith the appropriate membership fee as determined by the above Club.

MOUTH GUARD: In the case of all adult male players **THE USE OF THE MOUTH GUARD** is now compulsory for all training sessions and games in the GAA.

PHONE CONTACT: I consent to the use of the above phone numbers & e mails by the club, on the internet to contact me re Eadestown Club activities.

PHOTOGRAPHS/VIDEO: I am aware that there may be times that photographs and/or footage maybe taken during matches and training sessions. Such images shall only be used for publicity/training

MEDICAL HISTORY – details of any known allergies, conditions, medications

Sinithe/Signed _____ Data: _____

Print Name: _____

For Official Use only:

Amount Received € _____ Cash / Cheque / SO

Player Membership / Student Membership (u21) / Social Membership

Signed on behalf of Eadestown GAA Club _____ Date _____

Receipt Issued Y / N

Category	Membership Fee	Tick applicable section(s)
Adult Men	€120	
Adult Ladies	€100	
Male Students U21 (Born 1995)	€60	
Female Students U21 (Born 1995)	€60	
Social (i)	€50	