

# Cumann Lúthchleas Gael Ail Finn

## Full Membership Application Form



Name (Block Capitals): \_\_\_\_\_

Seoladh/Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email (if available): \_\_\_\_\_

Date Of Birth (Players only): \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year / e.g 01 01 85

I hereby apply to Elphin GAA Club for Membership of the above Club 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. I hereby consent to be included on the Elphin GAA Club Postal, Email and SMS Distribution Lists.

Sínithe/Signed \_\_\_\_\_

Dáta: \_\_\_\_\_

### **Membership Fees** (Circle where appropriate):

Non Playing Adult: €30

Family (2 Adults/ All Under18): €100

Student Player: €30

Student Player with Gym €40

Adult Player: €50

Adult Player with Gym €60

### **For Official Use only:**

Payment type \_\_\_\_\_

Membership/approved by Club Executive on (Dáta) \_\_\_\_\_

Sínithe: \_\_\_\_\_ Club Runaí.

Registered in Central Membership Database on \_\_\_\_\_

Membership Identification Number: \_\_\_\_\_

Signature of Full Member Proposing New Member

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Full Member Seconding Proposal

\_\_\_\_\_ Date \_\_\_\_\_

Upon election, your membership details will be entered on the G.A.A. Membership database in accordance with Rule 2.2. The information above will be used by the G.A.A. for the purpose of administration only.