

Cumann Lúthchleas Gael
Youth Membership Application Form

Ainm/Name: _____

Seoladh/Address: _____

Phone

(Home): _____ Mobile: _____

Email Address: _____

Date of Birth: Day Month Year (e.g. 06 02 1999)

I hereby apply to: _____ Club for Membership of the above club and Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association)

I want to be a member of the Creggan Camogie Club

I want to be a member of the Creggan Ladies Football Club

I subscribe to and undertake to further the aims and objectives of the club and the 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.

Sinithe/Signed: _____ Data: _____

Print Name: _____

Parent(s)/Guardian(s), on behalf of the above named:-

We/I Consent to the above Application and to undertaking given by the Applicant.

Sinithe/Signed: _____ (Parent/Guardian) Data: _____

Print Name: _____ (Parent/Guardian)

Sinithe/Signed: _____ (Parent/Guardian) Data: _____

Print Name: _____ (Parent/Guardian)

Emergency Contact Details:

Mobile: _____ Email Address: _____

FOR OFFICIAL USE ONLY:

Youth Membership application approved by Club Executive on Data

Sinithe: _____ Club Runai.

Registered in Central Membership Database on _____

Membership Identification Number: _____