

Cumann Lúthchleas Gael

Family Membership Application Form

Ainm/Name: _____

Seoladh/Address: _____

Phone/Fax/Email (if available): _____

Date of Birth: ___ Day ___ Month ___ Year (e.g. 06 02 65)

I hereby apply to: _____ 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.

Sinithe/Signed _____ Date: _____

Print Name: _____

Spouse/Partner Name: _____ DOB: _____

Dependent 1: _____ DOB: _____

Dependent 2: _____ DOB: _____

Dependent 3: _____ DOB: _____

Dependent 4: _____ DOB: _____

Dependent 5: _____ DOB: _____

N.B. Clane GAA may on occasions take photographs of underage players or teams participating in matches for the promotion of the Clane GAA website.

Please sign below if you allow your son/daughter to engage in team or individual photographs.

Sinithe/Signed _____ Date: _____