



FOUNDED 1884

# Fingallians GAA Club

C.L.G. FINE GHALLAINN

<b>CLUB USE ONLY</b>	
Membership Card No:	_____
Received:	_____
Recorded:	_____

## CLUB MEMBERSHIP APPLICATION FORM

### 2012

NAME: ..... ANIM: .....

ADDRESS: .....

PHONE: ..... MOBILE: .....

E.MAIL: ..... TEAM: .....

(PLEASE INPUT EMAIL ADDRESS)

DATE OF BIRTH: ..... OCCUPATION: .....

(Players ONLY)

(Players ONLY)

Membership Type	Club Membership Fee	Player's Registration/ Affiliation Fee	Total Amount
Full	75	35	
Student	40	35	
Senior Citizen	30	-	
Social	50	-	
Juvenile (up to U16)	30	10	
More than 2 juveniles from the one family:- Complete individual form for each member	€30 each for first 2 children. For each subsequent child no club membership fee is required – only €10 reg. fee	€10 registration fee must be paid for each child.	
Family	€160 – 2 full adult mem. + up to any no. of children u16 (incl. children's reg.)	€35 for playing adults	
Academy (4yr – 6yr)	25	-	

### PAYMENT DETAILS

(Please fill in as appropriate)

Payment made by:      Cash/Cheque       Credit Card       Laser

Card No:     

Exp Date:     

Security No:     

Signature \_\_\_\_\_



Were you a club member in 2011 Yes / No .....

If you were <b>NOT</b> a member in 2011 complete the following:	For CLUB USE Application passed
Name of Proposer: <i>(must be a full member)</i>	
Name of Secunder: <i>(must be a full member)</i>	

**Please complete for juvenile members**

**Date of Birth:** .....

**Place of Birth:** .....

**Team in 2012:** .....

**Person to contact in case of emergency:**

**Parent/Guardian** .....  
.....  
.....

**Phone:** ..... **Mobile:** .....

**Family Doctor:** .....

**Phone:** .....

Please supply details of any medical conditions, allergies or medication we should be aware of: (All information will be treated in the strictest confidence).

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Please return this form to the team mentor, club registrar or club secretary. Please ensure that **ALL** details have been completed as failure to do so will delay your registration.