



Cumann Lúthchleas Gael

Full 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: Drumcliffe/Rosses Point 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.

Sinithe/Signed _____ Data: _____

Print Name: _____

for Official Use only:

Membership/ approved by Club Executive on Data

Sinithe: _____ Club Runai.

Registered in Central Membership Database on _____

Membership Identification Number: _____

