



Cumann Lúthchleas Gael Youth Membership Application Form

Ainm/Name: _____

Seoladh/Address: _____

Phone/Fax/Email (if available): _____

Date of Birth: Day Month Year (e.g. 06 02 90)

I hereby apply to: **Drumcliffe/Rosses Point GAA Club** for Membership

of the above Club and Youth 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: _____

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

We/I consent to the above Application and to undertakings given by the Applicant.

Sinithe/Signed _____ (Parent/Guardian) Data _____

Print Name: _____

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

Print Name: _____

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: _____