

Cumann Lúthchleas Gael

FULL MEMBERSHIP APPLICATION FORM **FOIRM BHALLRAÍOCHTA IOMLÁN**

Name/Ainm:			
Address/Seoladh:			
Phone: Fón		Fax: Facs	
Email: Rphoist			
Date of Birth: (e.g. 06 02 90)	Day/Lá	Month/Mí	Year/Bliain

I hereby apply to: _____ Club for
Membership of the above Club and Membership of Cumann Lúthchleas Gael (The
Gaelic Athletic Association). Ba mhaith liom a bheith i mo bhall den Chlub
thuasluaite.

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.
I attach herewith the appropriate membership fee as determined by the above club.
Glacaim leis na coinníollacha agus rialacha a bhaineann leis an Chlub agus CLG

Signed/Sínithe: _____ Date/ _____
Dáta: _____

Print Name: _____
Cló an t-Ainm _____

For Official Use Only:
D'úsáid oifigiúil amháin

Youth Membership approved by Club Executive on Dáta:
Ballraíocht óige ceadaithe ag Fheidhmeannacht an Chluib ar _____
Sínithe: _____ Secretary/Rúnaí an Chluib

Registered in Central Membership Database on:
Cláráithe sa bhunachar ballraíochta lárnach ar _____
Membership Identification Number: _____
Uimhir aitheantais bhallraíochta _____