



Cumann Lúthchleas Gael
Senior Membership Application Form
Na Sairséalaigh Na Móinte Arda



Ainm/Name: _____
Seoladh/Address: _____
Town: _____
Postcode: _____
Date of Birth: _____ *(Required for playing members only)*
Home Phone: _____
Mobile Phone: _____
Email: _____

I hereby apply to Sarsfields Gaelic Football Club for Membership of the 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.

Sínithe/Signed _____ Date: _____

Print Name: _____

Signature of Full Member Proposing New Member *(For new members only)*

_____ Date: _____

Print Name _____

Signature of Full Member Seconding Proposal *(For new members only)*

_____ Date: _____

Print Name _____

For Official Use only:

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| Membership/approved by Club Executive on _____ <i>Dáta</i> |
| Sínithe: _____ <i>Club Runaí.</i> |
| Registered in Central Membership Database on _____ |
| Membership Identification Number: _____ |