



FOUNDED 1884

Fingallians GAA Club

C.L.G. FINE GHALLAINN

CLUB USE ONLY

Membership Card No: _____

Received: _____

Recorded: _____

CLUB MEMBERSHIP APPLICATION FORM 2011

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)	20	5	
More than 2 juveniles from the one family:- Complete individual form for each member	€20 each for the first 2 children. For each subsequent child no club membership fee is required – only €5 reg. fee	€5 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	
5 year Membership	350.00		

PAYMENT DETAILS

(Please fill in as appropriate)

Payment made by: Cash/Cheque Credit Card Laser

Card No:

Exp Date:

Security No:

Signature

Please complete page 2, if appropriate ☒



Were you a club member in 2010 Yes / No

If you were NOT a member in 2010 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 2010:

Person to contact in case of emergency:

Parent/Guardian

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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.