



Cumann Lúthchleas Gael Youth Membership Application Form

Ainm/Name: _____

Seoladh/Address: _____

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

I hereby apply to: **Na Cloigthe Baile Mhic an Aba** 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.

Sínithe/Signed _____ Dáta: _____

Print Name: _____

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

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

Sínithe/Signed: _____ (Parent/Guardian) Dáta _____

Print Name: _____

Mobile/Email: _____

Any medical conditions eg asthma: _____

For Official Use only:

Youth Membership Application approved by Club Executive on Dáta

Sinithe: _____ Club Runaí.

Registered in Central Membership Database on _____

Membership Identification Number: _____

Upon election, your membership details will be entered on the G.A.A. Membership database in accordance with Rule 2.2. This information will be used by the G.A.A. for the purpose of administration only.