



**Cumann Lúthchleas Gael-Shannon Gaels GAA  
Adult Application Form 2018**

Ainim

Name

Seoladh/Address:

Phone (Mobile)

(Landline)

Email

Date of Birth:

I apply to **Shannon Gaels GAA** Club for Membership of the Club and Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association). I subscribe to undertake to further the aims and objectives of the Club and of The Gaelic Athletic Association and to abide by its Rules including the Code of Practice for Youth in Sport. I attach the appropriate membership fee as determined by Club.\*

Sínithe/Signed

Print Name

Date

Player (Yes/No)

**For Official Use only:**

Registered in Central Membership Database on

Membership Number

Player (Yes or No)

Team (U16, U14, U12)

Membership Paid (Yes or No)

Amount Paid

**Membership rate:** Adult (over 18) €30, Full time student €20