



**Cumann Lúthchleas Gael-Shannon Gaels GAA  
Family Membership Application Form 2017**

**Parents Details:**

<b>Ainmneacha Tuismitheoirí</b>	
<b>Parents Name(s)</b>	
<b>Seoladh/Address</b>	
<b>House Telephone Number</b>	
<b>Mobile Telephone Number</b>	
<b>Email Address</b>	

**Membership rates:** Adult (over 18) €30, Full time student €20, Under 18 €15, Under 10 €10 and Families (2 parents and all children under 18) €75.



### Children Under 18 Years Details

	NAME	DATE OF BIRTH	PLAYER (Y or N)	MALE/FEMALE	BEST CONTACT NUMBER FOR PARENT
1					
2					
3					
4					
5					
6					
7					
8					

We apply to **Shannon Gaels GAA** Club for Membership of the Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association). We 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. We attach the appropriate membership fee as determined by Club. We/I consent to the above Application and to undertakings given by the Applicant. We/I consent to the receipt by our child of texts relating to Shannon Gaels from the person authorised within the Club to contact them regarding the activities of the Club and to the taking and using of photographs in accordance with Club policy.

Parent / Guardian(s) Signature