



Aghaderg GAC & Ballyvarley HC Membership 2017

Dear Member,

I would like to thank you for your financial support for our club over the last twelve months and assure you that the membership scheme made a vital contribution towards our efforts in maintaining our facilities and activities during the year. We hope that you can continue to support us in the same way in 2017 by renewing your annual subscription.

The Club is holding a membership registration event between **12:30pm** and **2:00pm** on **Sunday 5th February 2017**.

INSTRUCTIONS

1. Choose your membership type
2. Please complete the enclosed membership form(s)
3. Make cheques payable to "AGHADERG G.F.C." if applicable
4. Bring your membership details to the Registrar or any committee member.

Kevin O'Neill (Registrar)



Membership

CATEGORY (please ✓ tick as appropriate)

- Membership with Down Clubs Draw Ticket ...£120
- JUVENILE£20
- STUDENT/PENSIONER£25
- ADULT MEMBER (18+).....£40
- FAMILY 2 Adults + Children U-18£50

Please Note:

- It is important that **ALL PLAYERS ARE FULLY PAID UP MEMBERS** to Ensure that the GAA insurance Covers them in the event of Personal injury.
- **Membership for 2017 must be Paid before 31st March 2017.**



Aghaderg GAC & Ballyvarley HC

Cumann Lúthcleas Gael



Full Membership Application Form

Ainm/Name

Seoladh/Address

Phone

Email

Date Of Birth:/...../.....

I hereby apply to **Aghaderg GAC/Ballyvarley HC** for membership and for membership of Cumann Lúthcleas Gael (The Gaelic Athletic Association)

I subscribe to, and undertake to, further the aims and objectives of the Club and of Cumann Lúthcleas Gael (The Gaelic Athletic Association), and abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

Sínithe/SignedDáta(Date).....

Print Name:

For Official Use Only:

Membership approved by Club Executive on	<input type="text"/>
Sínithe: _____	Club Runaí
Registered in Central Membership Database on	_____
Membership Identification Number	_____

Please turn over for Youth Membership ➡



Aghaderg GAC & Ballyvarley HC

Cumann Lúthcleas Gael



Youth Membership Application Form

	Ainm/Name	Date Of Birth	Childs Signature
1.	/...../.....	
2.	/...../.....	
3.	/...../.....	
4.	/...../.....	

I/We hereby apply to **Aghaderg GAC/Ballyvarley HC** for membership and for membership of Cumann Lúthcleas Gael (The Gaelic Athletic Association)

I/We subscribe to, and undertake to, further the aims and objectives of the Club and of Cumann Lúthcleas Gael (The Gaelic Athletic Association), and abide by its Rules. I/We have read and accept the rules and procedures as set down in the Code of Best Practice in Youth Sport – Our Games Our Code. I/We attach herewith the appropriate membership fee as determined by the above Club.

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

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

Ainm/Name

Seoladh/Address

Phone Email.....

Sinithe/SignedDáta(Date).....

Sinithe/SignedDáta(Date).....

Contact Details: *

Name	Mobile	Email

**It is important that the Club have contact details for all youth members in case of emergency.*

MEDICAL CONDITIONS: Please advise your child's coach of any specific medical conditions that you feel they should be made aware of and any precautions etc. that should be taken.

Please turn over for Full Membership ➡