



Ballinrobe GAA Club Youth Membership Application Form 2016

Ainm/Name _____

Seoladh/Address _____

Phone Number _____

Email _____

Date Of Birth ____/____/____ (e.g. 21/02/1990)

I hereby apply to Ballinrobe GAA 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. I also agree to abide by code of conduct for young players as defined by the Club.

Sínithe/Signed _____ Dáta: _____
 Print Name _____

Parent(s)/Guardian(s), on behalf of the above named:-
 We/I consent to the above Application and to undertakings given by the Applicant. I also agree to abide by the code of parents / guardians as defined by the Club.

Sínithe/Signed _____ Dáta: _____
 Print Name _____

For internal use only -	
Proposed by _____	Seconded _____
Approved ____/____/____	Approved By _____
Membership # _____	Registered ____/____/____

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.