



Naomh Comhghall Cumann Lúthchleas Gael
St Comgalls Gaelic Athletic Association
www.stcomgallsgaa.com

Senior Player Membership Application Form 2018

Ainm/Name: _____

Seoladh/Address: _____

_____ Post Code: _____

Phone (Mobile): _____ Phone (Home): _____

E-mail address: _____

Date of Birth: Day Month Year (e.g. 06 02 62) Male Female

I hereby apply to **Naomh Comhghall** for Membership of the Club and Senior 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 and to abide by their Rules and codes of conduct. **I have read and agree to the players' code of conduct.** I attach the Club membership fee of **£30.00** as determined by the Club for 2018.

Sinithe/Signed: _____ Print Name: _____

Date: _____

Medical Details

Is there anything that coaches should be aware of when you are involved in GAA activity, e.g. hearing or speech difficulty, visual impairment, physical or mental disability, learning disability, coordination, mobility or dexterity difficulty, allergy (nuts), medical condition (diabetic, epilepsy, asthma) dietary requirements or other relevant information, please state below:-

Data Protection: We (Naomh Comhghall CLG) will use the information you have supplied to communicate with you in line with data protection guidelines. Your membership details will be entered on the GAA membership database in accordance with rule 2.2. This information will be used by the GAA for the purpose of administration only.

For Official Use Only:

Date Paid: _____ Payment Receipt No: _____

Membership Application approved by Club Executive (date): _____ Sinithe/Signed: _____ (An Runai)

Registered on Central Membership Database (date): _____ Membership Identification Number: _____