



# Droichead Mhaigh Eo CLG

## Adult Full Membership Application Form

Ainm/Name: \_\_\_\_\_

Seoladh/Address: \_\_\_\_\_

Mobile Number \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-mail address (if available): \_\_\_\_\_

Date of Birth:  Day  Month  Year (eg 06 02 65)

I hereby apply to **Mayobridge GAC** for Membership of the above club and Membership of Cumman Lúthchleas Gael (The Gaelic Athletic Association)

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

Sínithe/Signed: \_\_\_\_\_ Dáta: \_\_\_\_\_

Print Name: \_\_\_\_\_

Full Membership approved by Club Executive on: \_\_\_\_\_ Dáta

Sínithe: \_\_\_\_\_ Club Runaí

Registered in Central Membership Database on: \_\_\_\_\_

Registered on Database by & Date: \_\_\_\_\_

Membership Identification Number: \_\_\_\_\_