



Cumann Lúthchleas Gael Baile Buadain Naomh Éanna
Ballyboden St. Endas GAA, Camogie and Ladies Football Club

Membership Application Form

Name (Block Capitals): _____

Address: _____

Home telephone: _____ Mobile: _____ Email: _____

Fees:

Full: €100, Associate: €80, Spouse: €20, Student >18: €60, Student <18: €50,
Players pay - Supplementary Injury Scheme :Adult (includes Minor)-€50, Juvenile-€20,
Lights: €20, Referees Fees €20

The Following Information must be supplied:

1. Were you, at any time a member of this club?
2. Are you, or have you been a member of any other GAA club? If so please give details.
3. Do you intend to become a:
 - a) Full Member: Actively involved in the Club as a team mentor, etc
 - b) Associate Member
4. Do you agree to undertake door duty when rostered to do so?

Proposed by: _____ Seconded by: _____

I promise to abide by the Clubs Constitution and Bye-laws

Signed: _____ Date: _____

For Club use only

Application received: _____ Membership granted: _____

Type of membership: _____ Signature of Registrar: _____

Direct Debit Authorisation - Originator's Identification: 301769
Ballyboden St Enda's GAA, Camogie & Ladies Football Club

Bank Name: _____ Branch Address: _____

Name of A/C Holder: _____

Account No: _____ Sort Code: _____

I instruct you to pay membership fee direct debit annually, in January, from my Account at the request of Ballyboden St Enda's GAA, Camogie and Ladies Football Club. I will inform the bank in writing if I wish to cancel this instruction

Signature(s) A: _____ B: _____ Date: _____