



**Cumann Lúthcleas Gael Naomh Oilibhéir Pluincéid Eoghan Ruadh**

Glenariff Road, Navan Road, Dublin 7.

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1960 - 2010  
CELEBRATING 50 YEARS

**YOUTH MEMBERSHIP APPLICATION FORM 2010**

(PLEASE USE BLOCK CAPITALS)

NAME:

AINM AS GAEILGE:

ADDRESS:

HOME TELEPHONE NO:

GENDER:  MALE  FEMALE

DATE OF BIRTH:  DAY  MONTH  YEAR (E.G. 06 02 65)

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.

SIGNED:  DATE:

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

1<sup>ST</sup> PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ MOBILE PHONE NO:

EMAIL ADDRESS:

*If you do NOT wish to receive information/promotional emails/texts from the Club please tick box*

2<sup>ND</sup> PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ MOBILE PHONE NO:

EMAIL ADDRESS:

*If you do NOT wish to receive information/promotional emails/texts from the Club please tick box*

For Official Use only:

Entered on Register:	
Membership No.	