

Cumann Lúthchleas Gael - Full Membership Application Form

Ainm/Name:		
Seoladh/Address:		
Phone/Fax/Email (if available):		
I hereby apply to:		
I subscribe to and undertake to further the ain Lúthchleas Gael (The Gaelic Athletic Associa herewith the appropriate membership fee as de	ns and objectives of the Club and of Cumann tion)and to abide by its Rules, and I attach	
Sínithe/SignedI	Oáta:	
Print Name:		
Signature of Full Member Proposing New Mem		
Print Name		
Signature of Full Member Seconding Proposal	Date	
Print Name		
For Official Use only:		
Membership/approved by Club Executive on Da	ıta	
Sinithe:	Club Runaí.	
Registered in Central Membership Database or	I <u></u>	
Membership Identification Number:		

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.