



Cumann Luithcheas Gael Naomh Sailbheaster



St. Sylvester's G.A.A. Club
2 Church Road, Malahide, Co. Dublin.

Membership Application Form 2010

Membership rates for 2010 are as follows:

Date:

	Please select	X	Renewal	New	Cash	Cheque
Full Single Membership (over 18):	€ 180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Family Membership:(max two adults)	€ 275	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Single Membership (over 18):	€ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile:	€ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student: (on production of student card)	€ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior: (over 65)	€ 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary Member Details: Male Female

Surname:	<input type="text"/>	Forename	<input type="text"/>
Ainm	(Name in Irish)		
Address	<input type="text"/>		
	<input type="text"/>		
Telephone:	<input type="text"/>		
Mobile:	<input type="text"/>		
E Mail:	<input type="text"/>		
Date of birth: (if playing member only)	<input type="text"/>		

Spouse/Partner Details:

Surname:	<input type="text"/>	Forename	<input type="text"/>
Telephone:	<input type="text"/>		
Mobile:	<input type="text"/>		
E Mail:	<input type="text"/>		
Date of birth: (if playing member only)	<input type="text"/>		

Children's Details:

				Male	Female
Name:	<input type="text"/>	D.O.B.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="text"/>	D.O.B.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="text"/>	D.O.B.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="text"/>	D.O.B.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="text"/>	D.O.B.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>