



Cumann Lúthchleas Gael Shéamuis Stiopháin

Full Membership Application Form

Ainm/Name:

Seoladh/Address:

Phone/Fax/Email (if available): _____

Date of Birth: Day Month Year

I hereby apply to: **CLG Shéamuis Stiopháin** for membership
of the above Club and Membership of Cumann Luthchleas Gael (The Gaelic Athletic Association)

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.

Sinithe/Signed _____ Data: _____

Print Name: _____

for Official Use only:

Membership/ approved by Club Executive on _____ Data
Sinithe: _____ Club Runai.
Registered in Central Membership Database on _____
Membership Identification Number: _____

Return to The Registrar, James Stephens GAA Club , Larchfield Kilkenny