



Cumann Lúthchleas Gael Shéamuis Stiopháin

Youth Membership Application Form

Ainm/Name: _____
Seoladh/Address: _____
:

Phone _____ Email (if available): _____

Date of Birth: Day Month Year (e.g. 06 02 90)

I hereby apply to: **CLG Séamus Stiopháin** for Membership
of the above Club and Youth Membership of Cumann Lúthchleas 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: _____

Parent(s)/Guardian(s), on behalf of the above named:-

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

Sinithe/Signed _____ **(Parent/Guardian) Dáta** _____

Print Name: _____

Phone _____ Email : _____

Sinithe/Signed: _____ **(Parent/Guardian) Dáta** _____

Print Name: _____

Phone _____ Email: _____

for Official Use only: _____

Youth Membership Application approved by Club Executive on _____ Data

Sinithe: _____ Runaí CLG Shéamuis Stiopháin

Registered in Central Membership Database on _____

Membership Identification Number: _____