**Full Membership Application Form**

Ainm/Name:

Seoladh/Address: Phone:

 Mob:

 Date of Birth:

(e.g. 06 02 65)

Post Code

Email:

I hereby apply to: ***Cumann Naomh Treasa CLG*** for Membership and Membership of ***Cumann Luthchleas Gael***. I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael and to abide by its Rules.

Sinithe/Signed Data: Print Name:

Proposer: Seconder:

Data: Data:

***For Official Use only:***

***Membership/ approved by Club Executive on***

***Sinithe: Club Runai Data:***