LAVEY GAC
Cumann Lúthchleas Gael- Full Membership Application Form

Ainm/Name:

Seoladh/
Address:

Tel Number: **Email:**

Are you a member of Club Lavey (please circle): **YES** **NO**
I hereby apply to: Lavey GAA Club for Membership of the Club and Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association).
I wish to become an ***Adult Player/ Non-Playing Member*** *(Delete as appropriate)*
I subscribe to and undertake to further the aims and objectives of Lavey GAA Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I attach the appropriate membership fee as determined by the above Club (£20). *I agree to abide by Policies and Procedures of Lavey GAA Club and the Club's relevant Code(s) of Conduct.*
As a Player I will use a mouthguard/helmet at training as well as in games.

Sínithe/Signed: **Dáta:**

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