



Gaeil Roscomáin Membership Application

Ainm/Name: _____

Seoladh/Address: _____

Phone (if available): _____ Email (if available): _____

I hereby apply to Niamh Kilmartin, Secretary Roscommon Gaels GAA Club for Membership of the Club and 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 Roscommon Gaels.

Sínithe/Signed _____ Dáta: _____

Print Name: _____

Adult Playing €75 Student €70
(Over 18) Student €55
(where family already paying family membership)

Adult Non Playing €55 O.A.P €25

□ How do you wish to receive club communications? Text Email Post

□ **Medical History Information:** (details of any known allergies, conditions, medications)
