Application for Membership of Kildavin/Clonegal GAA GYM

(Including social or full membership of Club)

This application must be accompanied by two passport photos for each gym user named

Choose a gym usage package (Tick right hand column)

Individual Adult Membership Monthly Payment Household Membership Monthly Payment

Contact E-Mail Address _

Individual Membership Ar						
Household Membership A						
Individual Membership Six						
Household Membership Si		nce Payment				
Group Membership One Y						
Group Membership Six Mo						
Young Adult Non Playing						
Young Adult Playing mem						
Individual Adult Membersh	nip Playing Full	Club Membe	er.			
Application for Me	mbership of Kil Appropriate box					Gym.
Name Of Applicant	Social Member	Youth Member Non Playing	Youth Member Playing	Adult Member Playing	Date of Birth of Youth Member	Phone Number Mobile
Membership will commence on the	-		_		_	
option)	wish memoersin	p to continue un	in you enoose t	o terminate it, se	feet the on going	>
I have read and accept the terms as	nd conditions of n	nembership of l	Kildavin/Cloneg	al GAA Club Gy	m.	
I acknowledge receipt of which I undertake to return on ces					Kildavin/Cloneg	al GAA club and
I am authorised to act for any add the terms and conditions of such n	•	-	plication, to ma	ke application for	r membership fo	or them and to acce
Signature of Applicant				Date:		
(Parent or Guardian i	n case of a Mino	or)				
Contact Address						