***Adult Membership Plan - over 18 years of age on 01 January***

All Fields, except Email, are Mandatory

Membership Type – Tick Appropriate

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Surname | Membership  Type\* | M / F | Player  Y / N | DOB If Player | Mobile | Email |
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**\* Membership Type = Full OR Pensioner OR Student OR Social**

I/We hereby apply to Crosserlough GAC for membership of the Crosserlough GAA Club and membership of Cuman Luthchleas Gael (The Gaelic Athletic Association). I / We subscribe to and undertake to further the aims and objectives of the Club and of Cuman Luthchleas Gael and to abide by its rules. I /We attach herewith the membership fee as determined by the Club.

I/We have read the important Data Protection information provided with this form and have given my/our consent, by ticking the boxes and signing below, for my/our information to be used as follows**:**

**(Please tick as appropriate)**

To provide me / us with updates regarding Club activities such as matches, meetings and club events

To provide me us with details of Club fundraising activities including Lotto, social occasions, ticket sales etc.

I am aware that my/our photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I/we consent to it being used in the promotion of Gaelic Games, print, online/digital and social media mediums of communication.

I understand that I can withdraw my consent on Club communications / images at any time by writing to Crosserlough GAC or the Gaelic Athletic Association. I understand my rights under Data Protection legislation, as outlined on with this form.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_