

# Stars of Erin GAA Club Membership Fees 2017

PLEASE PRINT DETAILS

| Adult Player Membership application (COST: Mens - €150/Ladies - €150/Unwaged Adult - €110/G4M - €80) |             |     |       |      |           |               | Amount Due: |
|--|-------------|-----|-------|------|-----------|---------------|-------------|
| Surname  | Forename(s) | M/F | D.O.B | Team | Mobile No | Email address |             |
|  |             |     |       |      |           |               |             |
|  |             |     |       |      |           |               |             |

| Adult Non-Player Membership application (Cost: Standard Non-Player/Committee/Mentor - €30 or Unwaged Adult/Senior (65+) - €20) |             |     |                 |                  |           |               | Amount Due: |
|--|-------------|-----|-----------------|------------------|-----------|---------------|-------------|
| Surname  | Forename(s) | M/F | Membership Type | Team (if Mentor) | Mobile No | Email address |             |
|  |             |     |                 |                  |           |               |             |
|  |             |     |                 |                  |           |               |             |

| Juvenile Membership application – INCLUDES TRAINING TOP & ALL WEATHER PITCH SUBSIDY(€30) Cost: 1 <sup>st</sup> Child - €170/2 <sup>nd</sup> Child - €150/3 <sup>rd</sup> Child - €130/4 <sup>th</sup> Child - €130 |         |             |     |      |               |                  |   | Size                     | Amount Due: |
|--|---------|-------------|-----|------|---------------|------------------|---|--------------------------|-------------|
|  | Surname | Forename(s) | M/F | Team | Date Of Birth | School Attending | Medical Conditions<br>(Please insert N/A if applicable) | e.g. 7/8, 8/9, 9/10, etc |             |
| 1 <sup>st</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| 2 <sup>nd</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| 3 <sup>rd</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| 4 <sup>th</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| Membership application – Nursery (Saturday Morning) Cost: €90 per Child – INCLUDES TRAINING TOP  |         |             |     |      |               |                  |   | Jersey Size              | Amount Due: |
|  | Surname | Forename(s) | M/F |      | Date of Birth | School Attending | Medical Conditions<br>(Please insert N/A if applicable) | e.g. 4/5, 5/6, 6/7, etc  |             |
| 1 <sup>st</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| 2 <sup>nd</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| 3 <sup>rd</sup> Child  |         |             |     |      |               |                  |   |                          |             |
| Parent/Guardian details and consent for children's membership and participation in club activities (See note on reverse)   |         |             |     |      |               |                  |   |                          |             |
| Surname/Forename   |         | Signature   |     |      | Mobile Number |                  | Email Address   |                          |             |
|  |         |             |     |      |               |                  |   |                          |             |
|  |         |             |     |      |               |                  |   |                          |             |

**\*\*Playing Members Only: Have you ever played for another Club?**

If so what Club and date you last played for them\_\_\_\_\_

\*\*\*NEW MEMBERS ONLY\*\*\*: How and where did you hear about the Club? \_\_\_\_\_/\_\_\_\_\_

Who recommended you to join the club? \_\_\_\_\_

NB: The person you recommend above will get a cash reward for recruiting a new member so please fill in if appropriate. NB: Please note new members can only avail of one membership deal – i.e. claim the 20% for yourself up to 31.03.2017 upon proof of promotional leaflet or nominate fellow club member for cash reward.

## Stars of Erin Membership Summary 2017

| Membership Type:                 | Amount:  |
|----------------------------------|----------|
| Adult Player                     |          |
| Adult non-player                 |          |
| Juvenile Teams                   |          |
| Nursery                          |          |
|                                  |          |
| <b>Overall Total Amount Due:</b> | <b>€</b> |

Method: Cash ☐ Cheque ☐ \*\*Bank Transfer ☐  
 Date of Payment \_\_\_\_\_ \*\*Please use Surname as Reference

### Stars of Erin Bank Details:

IBAN: IE56 AIBK 9331 2016 0240 74 BIC: AIBK IE2D

Please return completed form to your Team Mentor.

In the event of any queries please contact Peter Keane 087 2234783

### Address details:

Line 1: \_\_\_\_\_  
 Line 2: \_\_\_\_\_  
 Line 3: \_\_\_\_\_  
 Line 4: \_\_\_\_\_



**Important Notice – By submitting this form, all those named herein (adults, children and parents/guardians on behalf of children) are making the following declarations:**

I/We shall adhere to the Code of Conduct and Best Practice and all of Stars of Erin's policies, codes and procedures (available to view on Club website - starsoferin.ie).

In the event of illness or injury, I/We give permission for medical treatment to be administered where considered necessary by a nominated First Aider or by qualified medical practitioner.

If I/We cannot be contacted and my child(ren) need emergency hospital treatment, we authorise a qualified medical practitioner to provide medical treatment and/or medication.

I/We shall disclose any information overleaf, regarding medication, allergies or conditions which may impact on my and/or my child(rens) welfare while participating in Club Games or activities.

I/We give permission for photographic images of me and my child(ren) to be used by the club to promote or celebrate club activities and events

\*\*Please contact Lewis Mooney (Club Secretary) to discuss if you do not consent to the above at [secretary.starsoferin.dublin@gaa.ie](mailto:secretary.starsoferin.dublin@gaa.ie)

**Would you or any of your family be interested in helping out at Stars of Erin GAA Club in any of the areas below? (All volunteers welcome. All skill sets – not just sport)**  
 If yes – please circle relevant area and one of our committee members will be in touch.

Fundraising      Membership      Sponsorship      Pitch Development      Website & IT Development      Coaching      Other

Official Use Only: Mentor Notified: ☐ System Updated: ☐ Receipt Sent: ☐ Player Registered: ☐ GAA: ☐ LGFA: ☐ Camogie: ☐