



CLONTARF FOOTBALL CLUB

FAMILY MEMBERSHIP APPLICATION FORM 2015-2016

Please complete in block capitals. Completed application forms should be returned to the Hon. Secretary at the address below

Surname		First Name	
Home Address		Business Address	
Email address		Date of birth	
Mobile No.		Telephone no.	

Please complete the Playing Position and Previous School/Club if you to play otherwise leave them blank

Playing Position		Previous School/Club	
Number of Adults applying for membership		Number applying for Youth and Mini membership	

Youth & Mini Player details

(It is allowable to have more than 3 Youth & Mini Players from the same Family on a Family Membership – the fee for each addition player is €35 or an additional €3 per month if paying by Standing Order)

Name	Date of Birth	School	Medical Conditions A blank box will indicate NO conditions	Renewal/New Member	Age group (Office Use Only)
				RENEWAL <input type="checkbox"/> NEW MEMBER <input type="checkbox"/>	
				RENEWAL <input type="checkbox"/> NEW MEMBER <input type="checkbox"/>	
				RENEWAL <input type="checkbox"/> NEW MEMBER <input type="checkbox"/>	
				RENEWAL <input type="checkbox"/> NEW MEMBER <input type="checkbox"/>	
				RENEWAL <input type="checkbox"/> NEW MEMBER <input type="checkbox"/>	

Family Member Details

(The person named above will be considered as Adult 1 and will be the contact person for all matters related to this family membership application and will hold the right to vote at AGMs & EGMs)

Adult 2 (If applicable)	Name	Mobile No.	email Address

I hereby apply to become a member of Clontarf Football Club. By signing, I and the people named on this application agree to be bound to the rules of Clontarf Football Club and the Code of Ethics of Youth & Mini Rugby where applicable including acceptance of all written notifications from the Club by electronic means. I consent to Clontarf Football Club retaining and using the data provided in this form for the administration of the membership for the above named people.

I also consent to the above child(ren) participating in activities of the club in line with the IRFU's Safeguarding Statement. I will inform the leader of any changes to the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities. I am happy for me and my child to receive appropriate information/communication through text, email and social media.

I understand that photographs/videos will be taken during or at rugby related events and may be used in the promotion of the game, including social media. If selected for teams, I confirm I am happy with the travel arrangements the club may arrange for my child. I acknowledge that the club is not responsible for providing adult supervision for my child except for formal age-grade coaching, matches and competitions.

I have read, understood and agree to abide by the rules of Clontarf Football Club and the Youth & Mini Rugby Code of Ethics (<http://www.clontarfrugby.com/youth-mini-rugby/code-of-ethics/>)

Signature		Date
Proposer		Seconded

Subscription & Payment Details		
1 Adult & 1 Yth/Mini €235 (S/O €20 pm) 1 Adult & 2 Yth/Mini €275 (S/O €23 pm) 1 Adult & 3 Yth/Mini €300 (S/O €25 pm)	2 Adults & 1 Yth/Mini €370 (S/O €31 pm) 2 Adults & 2 Yth/Mini €420 (S/O €35 pm) 2 Adults & 3 Yth/Mini €455 (S/O €38 pm)	Subscription € _____ Club Card Levy € 50.00 Total € _____

Notes	
1. This application must be proposed and seconded by two members of Clontarf Football Club, one of whom must be a member of the Executive Committee. 2. An applicant will not be considered a member until the application has been approved by the committee and the appropriate subscription paid or bank instruction completed. 3. Family membership is currently only available where one or more Youth & Mini player(s) is to be registered.	4. Youth & Mini membership is available up to U19 level. 5. A maximum of 2 Adult members from the same family are allowed under the Family Membership category. 6. Mandatory Prepayment Levy must be paid with Annual Sub – this may be used in the club shop & bar. 7. Cheques should be crossed and made payable to Clontarf Football Club.

PAYMENT DETAILS <u>Payment must include the €50 Mandatory Club Card Levy</u> <u>Payment Method</u> :- Please <input checked="" type="checkbox"/> Relevant Box Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Standing Order <input type="checkbox"/> (Complete Bank Instructions overleaf)	Card:- Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Debit <input type="checkbox"/> Laser <input type="checkbox"/> Card No:- <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Exp Date: _ _ / _ _																				

For Office Use Only			
Fee Received	<input type="checkbox"/> <input type="checkbox"/>	Clubcard sent - add date	Yth & Mini details updated <input type="checkbox"/> Details added to membership system <input type="checkbox"/>

Standing Order Instruction

1. The Manager

.....**Bank**

Address (Full Address)

.....

.....

.....

.....

2. Name of Account

.....

3. Sort Code:- - -

IBAN: _____

BIC: _____

CFC ID:

CFC REF

4. Your instruction to the Bank and Signature

Please pay the following to the Account of Clontarf Football Club Account Number 12556643, Sort Code 93-10-55, AIB, 37 Upper O'Connell Street, Dublin 1

An annual payment of €-----, payable immediately and thereafter annually on 1st July

OR

A monthly payment of €-----, payable on the 1st of each month.

This instruction hereby cancels any previous Standing Orders made payable to Account No. 12556643 ONLY

Signatures

5. Account Number:-

Address.....

.....

.....

Date:

Day

Month

Year