Cumann Lúthchleas Gael Full Membership Application Form

Ainm/Name:	
Seoladh/Address:	
Phone Number:	
Phone Number:Email (If available):	
Date of Birth: Club (' Membership of Cumann Lúthchleas Gael (The Gaelic	
I subscribe to and undertake to further the aims and Lúthchleas Gael (The Gaelic Athletic Association) and appropriate membership fee as determined by the a	objectives of the Club and of Cumann to abide by its Rules, and I attach herewith the
 for the contractual purpose of registering (or re-r I understand that the Personal Data will be retain Membership subsists. I understand that I can resign my Membership by Data will then be erased. 	writing to the Club or the GAA and my Personal
 I understand that my Personal Data will also be u Membership including club and team administrat disciplinary matters, Injury Reports, transfers, sar I understand that if I do not provide my Personal Club and the GAA. 	ion, registrations, teamsheets, referee reports,
Sínithe/Signed	Dáta:
Print Name:	
I have read the important Data Protection information on by ticking the boxes and signing below, for my information (Please tick as appropriate)	n to be used as follows:
	tivities such as matches, meetings and club events
games or activities connected with the Club and I	te may be taken whilst attending or participating in consent to it being used by the Club for items like event reports or on the Club website or social media
I understand that I can withdraw my consent at any time k	by writing to the [Club or the GAA].
I understand my rights under Data Protection legislation, a	as outlined on the reverse of this form
Sínithe/Signed	Dáta:
Duint Manage	