

**N.B. Please fill out all the shaded boxes**



**www.aislingannacotty.com**

Office Use only

Reg No: \_\_\_\_\_

Fee Paid: € \_\_\_\_\_

Cash / Cheque

**ADULT PLAYER (19 YEARS & OLDER) MEMBERSHIP FORM**  
**Season 2011/12**

Please complete all shaded boxes and sign form.

<b>Name</b>	
<b>D.O.B.</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

**Membership Fee per Player:** (Please tick as appropriate)

<b>ANNUAL SUBSCRIPTION</b>	<b>or PAYMENT IN FULL BY</b>
	<b>JULY 31st</b>
€120 <input type="checkbox"/> Cash <input type="checkbox"/> Chq	€100 <input type="checkbox"/> Cash <input type="checkbox"/> Chq

Make Cheques payable to **Aisling Annacotty AFC.**

**Notes:**

1. If you suffer from a **medical condition** and/or are **receiving medication** please complete the Member's Medical Form<sup>2</sup>.
2. **Medical Form** is available from the [Documents and Forms](#) section of the website [www.aislingannacotty.com](http://www.aislingannacotty.com).
3. Membership does **NOT** include personal injury insurance. Contact Ian Sullivan of Sullivan Insurances if you wish to take out cover.

**Contact Details in Case of Emergency**

<b>Name:</b>		<b>Mob No.</b>	
<b>Name:</b>		<b>Mob No.</b>	

*In what capacity could you contribute to make Aisling Annacotty afc a better club and stronger community asset?*

Player Signature: ..... Date: .....

**Please return fully completed form & payment to**  
**Registrar, Aisling Annacotty afc, c/o Murphy O'Connor Assoc, 26 Mallow St, Limerick.**