

# MEMBERSHIP FORM

## SCHOOLBOY/SCHOOLGIRL Season 2011/12



[www.aislingannacotty.com](http://www.aislingannacotty.com)

Please complete all the shaded boxes and sign the form

Name		D.O.B.	
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Name		D.O.B.	
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Name		D.O.B.	
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Address	
Home Tel	
Parent/Guardian Email	
School	

Membership Fee per Family: (Please tick as appropriate)

	Annual Subscription	or Payment in Full by July 31 <sup>st</sup>
<b>1 Player</b>	<b>€120</b> <input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> SO <sup>2</sup> (€24/mth x 5 mths)	<b>€100</b> <input type="checkbox"/> Cash <input type="checkbox"/> Chq
<b>2 Players</b>	<b>€190</b> <input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> SO <sup>2</sup> (€38/mth x 5 mths)	<b>€160</b> <input type="checkbox"/> Cash <input type="checkbox"/> Chq
<b>3 + Players</b>	<b>€240</b> <input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> SO <sup>2</sup> (€48/mth x 5 mths)	<b>€200</b> <input type="checkbox"/> Cash <input type="checkbox"/> Chq

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

### Note:

1. If any child named above suffers from a **medical condition** and/or is **receiving medication** please complete the Member's Medical Form<sup>2</sup>.
2. **Medical Form** and **Standing Order Form** are available from the [Documents and Forms](#) section of the club's website [www.aislingannacotty.com](http://www.aislingannacotty.com).
3. Discounted Subscription is extended to September 10<sup>th</sup> for players born in 2002 and later.

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

Contact Details in Case of Emergency

Name		Mob No.	
Name		Mob No.	

### Please Note:

Parent/Guardian gives permission to the club to publish team photographs. Names will not be used except in specific circumstances which will be advised by the club. Information may also be held with the FAI and its affiliates.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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

Office Use	
RegNo.	_____
Fee Paid	€ _____
	Cash / Chq / SO