



Membership Form

Child's Name: _____

Child's age: _____

Gender: M F

Date of Birth: __/__/____

Parent

Mother's Name: _____

Father's Name: _____

Contact Number/s:

Mother: _____

Father: _____

Email address: _____

Home Address: _____

Siblings Name/s:

Age:

Signed: _____

Date: _____

Membership fee is €30 per family and is payable when joining and every June from then on.

Please note that all information provided is strictly used within our organisation and will not be shared with any other party.