



Bandon Rugby Football Club,
 Oldchapel,
 Bandon,
 Co. Cork

086 2338 431
 bandonrugbyclub@eircom.net

FAMILY MEMBERSHIP APPLICATION FORM

We, whose names, signatures and details appear hereunder wish to become **Family Members** of Bandon Rugby Football Club.

Our Correspondence Address is:

Address Line _____

Home Phone _____

Mobile Phone _____

Email _____

We acknowledge that our membership is conditional on our compliance with the Rules and Conditions applicable to members of Bandon Rugby Football Club as determined in the Club Constitution and as amended at any subsequent Annual General Meeting or Emergency General Meeting as the case may be.

I accept that as a member of Bandon Rugby Football Club I may on occasions receive notifications via Post, E-Mail or Text Message regarding matches and/or other events organised by the Club. If I do not wish to receive such promotional material I will notify this fact, in writing, to the Secretary of Bandon Rugby Football Club.

FAMILY MEMBERS

Name	Sex	Date of Birth if under 18	Mobile No.

Signature _____

Date _____

(All Correspondence for Family Members will be addressed to the first named member above)