



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

086 2338 431
bandonrugbyclub@eircom.net

MEMBERSHIP APPLICATION FORM

First Name _____ Surname _____

Sex _____ Date of birth (players only) _____

Address _____

Home Phone _____

Mobile Phone _____

Email _____

I wish to *continue to be* / *become* a member of Bandon Rugby Football Club.

N.B. (Please indicate overleaf the type of membership sought)

I acknowledge that my membership is conditional on I complying 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.

Signature _____

Date _____