

Edenderry AC - Membership Form 2019

Please complete the Membership Form and return to the Club Registrar

Name:	Date of Birth:
-------	----------------

Address:

Contact No (Mobile):	Email:
----------------------	--------

Emergency Contact Name:	Emergency Contact No:
-------------------------	-----------------------

Do you want to be added to the EAC WhatsApp Group:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Do you have any known health issues (e.g. asthma, epilepsy etc) that may impact on you undertaking Club Training Programmes:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If YES please speak with the Club Registrar</i>				

I wish to apply for membership of Edenderry Athletics Club, by doing so I agree to the rules of the club outlined in Club Constitution and the rules of the Athletics Association of Ireland. The Edenderry AC Club Constitution is available on www.edenderryac.ie.

Signature (required): _____ Date: _____

Personal Information Data Consent

I do hereby give consent to Edenderry AC to store and otherwise process my person data for the purposes of Edenderry AC. All personal data is processed in accordance with the Edenderry AC Privacy Policy and governed by the General Data Protection Regulation (GDPR) EU 2016/679. Copies of the Edenderry AC Privacy Policy are available on www.edenderryac.ie.

Signature (required): _____ Date: _____

Club Administration

Membership Payment	Adult €100	<input type="checkbox"/>	Date Received:
	Couple €150	<input type="checkbox"/>	
	Family €170	<input type="checkbox"/>	

Please make payments in full or by standing order to Edenderry Credit Union.

Please reference all payments with your full name.

Account Name: Edenderry AC
BIC: EDCNIE21
IBAN: IE13EDCN99104201901206

