



Limerick FC Official Supporters Club 2017 MEMBERSHIP APPLICATION

Adult 1	Surname:		First Name:		Date of Birth:	
Adult 2	Surname:		First Name:		Date of Birth:	
Child 1	Surname:		First Name:		Date of Birth:	
Child 2	Surname:		First Name:		Date of Birth:	
Child 3	Surname:		First Name:		Date of Birth:	
Child 4	Surname:		First Name:		Date of Birth:	
Child 5	Surname:		First Name:		Date of Birth:	
Child 6	Surname:		First Name:		Date of Birth:	

Print Full Postal Address: _____

Landline: _____ Mobile No.: _____

Print Email: _____

Are you willing to Volunteer for Match days?	YES	NO	OCCASIONALLY

Membership Rates 2017 (Please tick appropriate box)

Family (2 Adults plus their Children U18):		€20.00
Adult		€10.00
Student:	Senior Citizen(Over 65):	€7.00
Child(u16):		€5.00

All members and their guests must abide by club rules. The Limerick FC Official Supporters Club may use this information on this form to maintain a register of members, this may be in electronic format which will not be disclosed to third parties and shall only be used for Club Business. The Supporters Club may contact members with details of events and offers which may be of interest.

Signed: _____

Date: _____

For Office Use Only	Membership No.:	
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