



# Judo Assist Ireland

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## Application for Individual Membership

All memberships become due on the 1st of March each year

Full Name:.....

Address:.....

Phone No.:..... Mobile No: (if over 18yrs).....

Email Address: if over 18yrs)..... Date of birth:.....

Club Name:..... Sex: M/F.....

Please tick which applies:

Under 18 Years \_\_\_\_\_ €20 - over 18yrs \_\_\_\_\_ €30

*Above membership fees includes individual personnel accident insurance cover. An additional fee of €5 is applicable for any lost/damaged replacement books.*

Membership No. \_\_\_\_\_ Grade \_\_\_\_\_ New Member \_\_\_\_\_ Renewal \_\_\_\_\_

*This section to be completed by Parent/Guardian if applicant is under 18yrs.*

Full Name:.....

Email :..... Mobile No:.....

This information may be used to keep parents/guardians up to date with events, offers and general information and will not be shared with any third parties. If you do not wish to receive any information electronically please tick the box

Declaration to be completed by applicant/Parent/Guardian

*I certify that to the best of my knowledge & belief the foregoing details are correct. I undertake to abide by the constitution & Bye-Laws of Judo Assist Ireland together with any amendments that may be made during my period of membership. Personal information gathered for the purpose of individual membership is handled in accordance with the requirements of the Data Protection Act.*

Signed..... Date.....

*Parent/Guardian to sign if under 18yrs.*

I agree to accept the above named person as a member of .....

Signed:..... Date.....

*Club Chairperson/Secretary/Coach*