



Skerries R.F.C. Membership Form

Skerries Rugby Football Club, Holmpatrick, Skerries, Co. Dublin
Tel: 01 8490066 Fax: 01 8029654 Email: skerriesrugby@eircom.net

Membership of Skerries RFC is available as Ordinary, Associate, Student, Player, or Family. In order to apply for membership please print and complete the membership form below and return it to :

Bill Stuart, Subscription Secretary, Skerries RFC, Holmpatrick, Skerries, Co. Dublin
Mobile: 087 913 0395 **Email:** williamstuart@eircom.net

To: The Hon. Secretary, Skerries RFC

Date: _____

I _____ wish to apply for Ordinary | Associate | Student | Playing | Ordinary & Family membership of Skerries RFC. I enclose the appropriate annual subscription of: €_____ (See rates below)

Ordinary & Family Membership (Available to Ordinary members only)

For Ordinary & Family Membership, please list names of partner & children over 7 & under 18

_____	_____
_____	_____
_____	_____

Signature of Applicant

Occupation (optional):

Address (please print)

Proposer:

Secunder:

(Proposer & Secunder must be members of at least 2 years standing & not members of the General Committee)

Tel: _____

This Form must be initialled by the Hon. Secretary:

Mobile: _____

Email: _____

Date Received:

Membership Rates 2010/11: Ordinary €200 Associate €80 Student €35 Player €50 Ordinary & Family €270

(This application will be displayed on the Club Notice Board for a minimum of one month after receipt by the Hon. Secretary & submitted afterwards to the next General Committee meeting)

Standing Order for Annual Subscription

To: The Manager - **Bank:** _____ **Branch:** _____

I/We authorise and request you to debit my/our account No. [] [] [] [] [] [] [] [] [] []

With the sum of € _____ and to credit Skerries RFC (Account No. 09868-064 Sorting Code 93-22-48)

commencing on: _____ and Monthly | quarterly | annually thereafter until further notice in writing. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments.

Signed: _____

Signed: _____ Date: _____