

**CARRICK-ON-SUIR  
ATHLETIC CLUB**

**Membership Form 2011**

**For eligibility purpose please use BLOCK LETTERS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please provide both numbers

E-mail address: \_\_\_\_\_

Do you give permission for your child to be included in photographs?

**Note: These pictures maybe used for newspapers, websites, Facebook, etc.**

Please Circle **Yes** **No**

I wish to be a member of the Carrick-on-Suir Athletic Club

Please Circle **Yes** **No**