

Naomhóga Chorcaí

Foirm Iarratais / Application Form

I WISH TO APPLY FOR MEMBERSHIP

Please use BLOCK CAPITALS

AINM NAME _____	POST-L E-MAIL _____
SEOLADH ADDRESS _____	
GUTHÁN TEL. _____	BAILE HOME _____
	OBAIR WORK _____
LEANAÍ & AOIS CHILDREN & AGES _____	

Cuir ✓ sa bhosca cuí / Please Tick:

	Yes	No
Have you trained in life saving?	<input type="checkbox"/>	<input type="checkbox"/>
Do you swim?	<input type="checkbox"/>	<input type="checkbox"/>
Previous rowing experience?	<input type="checkbox"/>	<input type="checkbox"/>
Previous sailing experience?	<input type="checkbox"/>	<input type="checkbox"/>
Trained in First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drive?	<input type="checkbox"/>	<input type="checkbox"/>
Any other relevant information? _____		

What activities and types of events are you interested in?

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Sea journeys | <input type="checkbox"/> Racing | <input type="checkbox"/> Cruising |
| <input type="checkbox"/> Inland/offshore rowing | <input type="checkbox"/> Surfing | <input type="checkbox"/> Barbecues |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Picnics | <input type="checkbox"/> Social events |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Camping | |

I gcás éigeandála an bhfuil aon ghalar ar leith a bheadh i gceist i do leith fhéin? Do you suffer from any of the following?

- Diabaetas** / Diabetes
 Titeamas / Epilepsy
 Múchadh / Asthma
 Eile / Other _____

Istigh leis seo tá táille

Fee enclosed

(a) Full membership: €60

(c) Day members: €5 per trip

(b) Family: €85

(d) Unwaged: €25

Cheques and Postal Orders should be made payable to **NAOMHÓGA CHORCAÍ**

I agree to abide by the rules of the club (see reverse)

Síniú

Signature _____

Dáta

Date _____

Ainm & Uimhir teagmhála i gcás éigeandála

Name & Contact Number in case of emergency _____

~~ N.B. Payment in full necessary before row to validate Insurance. ~~

Naomhóga Chorcaí

Ballraíocht Lae / Day membership Form

I WISH TO APPLY FOR MEMBERSHIP

Please use BLOCK CAPITALS

AINM

NAME _____

POST-L

E-MAIL _____

SEOLADH

ADDRESS _____

GUTHÁN

TEL. _____

BAILE

HOME _____

OBAIR

WORK _____

LEANAÍ & AOIS

CHILDREN & AGES _____

I gcás éigeandála an bhfuil aon ghalar ar leith a bheadh i gceist i do leith fhéin?

Do you suffer from any of the following?

Diabaetas / Diabetes

Titeamas / Epilepsy

Múchadh / Asthma

Eile / Other _____

Day membership: €5 per trip

Family: €10

Cheques and Postal Orders should be made payable to **NAOMHÓGA CHORCAÍ**

I agree to abide by the rules of the club (see reverse)

Síniú

Signature _____

Dáta

Date _____

Ainm & Uimhir teagmhála i gcás éigeandála

Name & Contact Number in case of emergency _____

~~ N.B. Payment in full necessary before row to validate Insurance. ~~