

OLD WESLEY RUGBY FOOTBALL CLUB

Membership Application Form

OFFICE USE ONLY

SEASON	2010/11
Date Elected	
Sub Amount	
Amount Paid	
Rec XL	
WL	

NAME:		BUSINESS/COLLEGE NAME AND ADDRESS:																																		
HOME ADDRESS:																																				
PHONE:		MOBILE:																																		
EMAIL:		DATE OF BIRTH:																																		
PLAYING POSITION:		OCCUPATION:																																		
PREVIOUS SCHOOL/CLUB:																																				
Additional information required for all players Over 18 years Do you have Private Medical Insurance ? Yes/No If yes please state -																																				
Insurance Company name		MEMBERSHIP TYPE (tick appropriate) <table border="1"> <tr> <td>Playing</td> <td>Amount €</td> <td>125</td> </tr> <tr> <td>Full Time Student Playing</td> <td></td> <td>75</td> </tr> <tr> <td>Under 20 Playing</td> <td></td> <td>75</td> </tr> <tr> <td>Pavilion</td> <td></td> <td>125</td> </tr> <tr> <td>Country Pavilion</td> <td></td> <td>75</td> </tr> <tr> <td>Over 65</td> <td></td> <td>75</td> </tr> <tr> <td>Junior/Schoolpupil non playing</td> <td></td> <td>25</td> </tr> <tr> <td>Youth</td> <td></td> <td>95</td> </tr> <tr> <td>Mini</td> <td></td> <td>95</td> </tr> <tr> <td>Spouse of existing member</td> <td></td> <td>50</td> </tr> <tr> <td>Mini/Youth parent for first year only</td> <td></td> <td>75</td> </tr> </table>		Playing	Amount €	125	Full Time Student Playing		75	Under 20 Playing		75	Pavilion		125	Country Pavilion		75	Over 65		75	Junior/Schoolpupil non playing		25	Youth		95	Mini		95	Spouse of existing member		50	Mini/Youth parent for first year only		75
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Policy Number																																				
I wish to apply for membership of Old Wesley Rugby Football Club. If elected I agree to comply with the rules of the club. I agree to pay my subscription within two weeks of confirmation of acceptance and annually thereafter before 1st October																																				
I confirm that I am aware of the club policy on Personal Accident and Medical Insurance and that the limit of any Medical Expenses Claim is €750 (excess €100), subject to terms and conditions																																				
Payment of subscription may be made by cash, cheque (made payable to Old Wesley RFC) or credit card (card number and expiry date required)																																				
Proposer:		Secunder:																																		
Signature:																																				

Notes:

1. Student means full time student only.
2. Country Pavilion means living over 50 miles from Dublin
3. Playing rates include compulsory IRFU player insurance, see details in your membership card or club website

Please complete and return this form together with the relevant payment to:

THE HON. REGISTRAR
 OLD WESLEY R.F.C.
 DONNYBROOK
 DUBLIN 4

email: info@oldwesley.ie
 website: www.oldwesley.ie