# FERMOY F.C. SOCCER CLUB

## MEMBERSHIP FORM 2010/2011 SEASON

Member's Last Name

Member's First Name

Date of Birth (DD/MM/YYYY)

Gender M ☐ F ☐

Member's Address

Parent/Guardian Last Name
(If under 18)

Parent/Guardian First Name
(If under 18)

Member's Telephone Number

Member's Mobile Number
(Parent/Guardian Number if under 18)

Member's E-mail Address
(Parent/Guardian E-mail if under 18)

Medical Conditions

Emergency Contact Number

Fermoy Soccer Club may forward information of interest to you in relation to FERMOYFC events, commercial activities, ticketing arrangements or other FERMOYFC related activities.

Please tick the box below if you DO wish to receive this information

☐ By mail ☐ By phone ☐ By e-mail ☐ By SMS text

Please tick the box below if you DO NOT wish to receive this information

☐ DO NOT

Parent/Guardian Signature
(If under 18) _____ Date _____

Member's Signature _____ Date _____

Membership Fee ADULT €40 ☐ 11-18yrs €25 ☐ ACADEMY €15 ☐