

NEWBRIDGE HOCKEY CLUB **MEMBERSHIP FORM 2010/2011 SEASON**

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

Date of Birth: _____

Person to contact in the event of an emergency (include phone number):

Medical History: _____

please detail any illness that may need treatment or that could affect you while training ie. asthma, bad back, etc)

Were you or your parents born outside of Kildare? If so, please specify;

Type of Membership:

Adult – Full **(€250)**

Adult - Student (Must be **Full-Time** Student) **(€150)**

Adult - Non Playing **(€30)**

Junior (U18) **(€80)**

Family Member (please give names of other members in family)

Please indicate how you propose to pay your annual subscription:

Cash

Cheque

Standing Order (see following note)

If you wish to pay your annual subscription by standing order, please complete the Standing Order Form below with relevant details and forward to your Bank

If you are a Junior (U18) member, please request parent/guardian to read and sign the following:

I hereby give permission for my child to join Newbridge Hockey Club.

I understand that the Club allows photography and video recording of players during training, matches and club events and give permission for such photos/recordings to be used by the Club for its promotion.

I understand that the details given above may be used by the Club to contact my child.

Signed: _____ Date: _____

Club Uniform: The club colours are maroon and black. The playing uniform shall consist of maroon jersey, black skirt and black socks. The alternative away colours are white jersey, black skirt and white socks. The club uniform can be ordered by link on Newbridge Hockey Clubs website at www.newbridgehockeyclub.com

I have read and understand the Club Regulations and agree to abide by them.

Signed: _____ Date: _____

Please complete and return to the Club Secretary (Karen Keane)
Completion of the above form is a requirement for membership of Newbridge Hockey Club. All members must complete a new form each season.

Request for a Standing Order



To: The Manager, _____

You are authorised to set up a Standing Order on my/our account as specified below.
My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.
I understand that if three consecutive payments are not made due to insufficient funds the Bank may cancel this standing order without further reference to me.

Customer Details

NAME: _____

ACCOUNT: NSC: - -

Please complete and submit at least 5 working days before commencement of first payment date.

NEW Standing Order (From above Current Account)

BENEFICIARY NAME: NEWBRIDGE HOCKEY CLUB

BENEFICIARY ACCOUNT: NSC: - -

REFERENCE: _____

FREQUENCY: (ie - weekly, monthly) MONTHLY
Please Print Clearly

START DATE: AMOUNT:

EXPIRY DATE: AMOUNT:

AMOUNT IN WORDS: _____

CUSTOMER'S SIGNATURE: _____ Date: _____

AMEND Standing Order
 CANCEL Standing Order tick as appropriate

S/O NUMBER:

BENEFICIARY NAME: _____

ACCOUNT NUMBER:

AMOUNT:

NEW AMOUNT:

EFFECTIVE FROM:

OTHER: _____

CUSTOMER'S SIGNATURE: _____ Date: _____