

# Membership Application

For Private Social membership only



Ballymun United  
Football Club

DUBLIN

Please complete in **BLOCK CAPITALS**

## Membership

Type of Membership (payment within seven (7) days of application been accepted).

Please tick one

Individual  Family  OAP

I / We agree to pay the appropriate fee within seven days from the date the application is approved.

## Additional Information

### Annual Social Membership Fees

Individual social Membership = €200

Family Social Membership = €300

OAP = €50

## Personal Details

Mr / Ms / Miss / Mrs:- First Name: \_\_\_\_\_

Surname:- \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E Mail address: \_\_\_\_\_

## Partner's Details

Mr / Ms / Miss / Mrs:- First Name: \_\_\_\_\_

Surname:- \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E Mail address: \_\_\_\_\_

## Signature

I / We agree to abide by the Rules of the Social Club and to obey at all times the Constitution and Rules of Ballymun United Football Club. I / We understand and accept that the club does not have to give any explanation as to why my application is not approved. I / We agree / do not agree in the event of the membership been fully allocated, to be placed on a waiting list and the club to notify the applicants when a vacancy occurs in membership.

I / We accept that as a private social member's we do not have any voting rights and I / We undertake to help promote Ballymun United's Anti Drug policy.

I / We accept that Ballymun United Football Club may carry out a check on all applicants with those recommending this application. (They MUST be two current committee members of Ballymun United FC)

## Recommended by:

Name: \_\_\_\_\_

Position on Committee \_\_\_\_\_.

Signature of Applicant(s): - \_\_\_\_\_  
\_\_\_\_\_

## Seconded by:

Name: \_\_\_\_\_

Position on Committee \_\_\_\_\_.

## For Office Use Only.

Application **Approved / NOT Approved.**  
Club Seal

Membership Number:- \_\_\_\_\_  
Start Date:- \_\_\_\_\_.

Ballymun United Football Club 1 E Balbutcher Lane Ballymun Dublin 9  
Tel./Fax: 01 862 7830 e mail: [ballymununited@eircom.net](mailto:ballymununited@eircom.net) [www.ballymununited.com](http://www.ballymununited.com)