

Membership Application and Renewal Form

Your application will not be processed if this form is not completed in full and returned to the Insurance and Membership Administrator.

Name:	/	
Address:		
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	No: Mobile No: Email Address:	
	eceive emails to the above address for	
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Please enter the details of your	current insurance policy in section b	elow, your membership number and renewal
	application / renewal to be accepte	
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Insurance Group	Membership Number	Renewal Date
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	_	accept that my membership of Clay Sports
	= :	Clay Sports Ireland which are available on the
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		tion to those that are legally entitled to have it,
i.e. An Garda Siochana and our ir	isurance provider.	
We would like to inform all men	nhers that Clay Sports Ireland currer	itly uses photographs taken at shoots for
posting to our website and also		, acco priorograpio americano accordina
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Applicant Signature:	Date:	_//
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Applicant Signature:	Date:	
Grounds / Venue:	Grounds / Venu	e Signature:
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