



COMHALTAS

Foirm Iarratais: Ballraíochta -Sóisear /Junior Membership Application Form Membership Year 2019-2020

Craobh _____

Contae/County: _____ **Cúige/Province** _____

Seoladh/Members Address: _____

Junior Members: Under 18 on January 1st 2018

DOB- Date/Month/Year in numerical format e.g. 02/06/2015

- _____ DOB _____
- _____ DOB _____
- _____ DOB _____
- _____ DOB _____
- _____ DOB _____

Membership Fees Enclosed € _____ €6.00 per Junior Member.

Contact Details of Parent/Guardian:

Email Address: _____

Telephone (Landline): _____

Telephone (Mobile): _____

Additional Contact Details (Branch to specify): _____

_____ Date _____]

Signature of primary family contact member above

A replacement form should be requested and completed accordingly if contact details change throughout the Membership Year

Data Protection:

Comhaltas Ceoltóirí Éireann does not share personal data with third parties. The data and contact details that are provided above are used by CCÉ for the purposes of Comhaltas administration and activities.

Photographs/Recordings (Parental /Guardian Consent):

Please indicate active consent by ticking the appropriate boxes

I _____ hereby give consent that

Signature of parent/guardian/appropriate adult

Images / Photographs

Audio/Audio Visual Recordings

featuring junior Comhaltas members listed above may be used by

Craobh _____ CCÉ

for the purposes of the promotion of Comhaltas.

Images/Recordings of members under 18 or vulnerable persons are in accordance with CCÉ's Child Protection Policy available from the Branch.