



IARRATAS BALLRAÍOCHTA

MEMBERSHIP APPLICATION FORM

Bliain Bhallaíochta / Membership Year 2022-2023

Craobh/BRANCH: **PORTGLENONE CCE** Contae/COUNTY: **ANTRIM**

| | | | |
|--|----------------------|--|---|
| Seoladh an Bhaill/ MEMBER'S ADDRESS | <input type="text"/> | Táillí/FEES Family (F): £20 Senior (S): £15 2 nd Senior (S2): £5 Junior (J): £5 | MEMBERSHIP TYPE (F/S/J): <input type="text"/> Junior members must be U18 on 1 st Jan 2022 |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | POSTCODE/EIRCODE | | |

| Ainm an Bhaill/ Member's Name(s) | Instrument TW/FI/FI/B/S | Beginner (B)/ Years Playing | Dáta breithe/ DOB | Táillie/ FEE |
|--|--------------------------------------|--------------------------------|----------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Tuition per instrument / Class: | Full Year £60 or £35 per Term | | Iomlán/Total: | |

Príomh shonraí teagmhála/PRIMARY CONTACT DETAILS

Ainm/NAME: _____ (Blocitreacha/BLOCK CAPITALS)

R-Post/Email: _____

Fón/Phone: _____

Siniú/SIGNATURE: _____ Dáta/DATE: _____

Tuismitheoir nó caomhnóir dithiúill gcás bail shóisearacha.

In the case of junior members, this MUST be a parent or legal guardian.

Membership application forms are retained for two years. Access to these forms is restricted to relevant Comhaltas staff and branch officers for Comhaltas use only.

Data Protection

Comhaltas Ceoltóirí Éireann does not share personal data with third parties. The data and contact details provided on this form are used for the exclusive purposes of Committee administration and activities,

Health & Safety

It has been recommended that if a child has an allergy/diabetes requiring immediate action (e.g. Epi-Pen/ Insulin) then a parent should remain on the premises during their classes.

Does your child have any allergies which may require an Epi-Pen/Insulin? Yes No

Photographs/Recordings of Junior Members and Vulnerable Persons – Consent

I hereby give consent that:

Images/Photographs

Audio/Audio Visual/Video Recordings (please tick as appropriate)

featuring Junior Members and Vulnerable Persons listed above may be used by the Comhaltas branch for the purpose of promoting Portglenone CCE.

Signature: _____

Date: _____

Signature of parent/legal guardian.

The use of Images/Recordings of members under 18 years of age or vulnerable persons are in accordance with the Comhaltas Child Protection Policy, copies of which are available from the branch.

Photographs/Recordings of Senior Members – Consent

I hereby give consent that:

Images/Photographs

Audio/Audio Visual/Video Recordings (please tick as appropriate)

featuring Adult Members listed above may be used by the Comhaltas branch for the purpose of promoting Portglenone CCE.

Signature: _____

Date: _____

Signature of primary contact.

The use of Images/Recordings of members over 18 years of age are in accordance with Comhaltas Policy, copies of which are available from the branch.