# Description: Comhaltas logoComhaltas Logo

**IARRATAS BALLRAÍOCHTA MEMBERSHIP APPLICATION FORM**

Bliain Bhallraíochta / Membership Year 2021-2022

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

**Seoladh an Bhaill/**

**MEMBER’S ADDRESS**

**POSTCODE/EIRCODE**

**Táillí/FEES**

Family (F): £20

Senior (S): £15

Junior (J): £5

**MEMBERSHIP TYPE**

**(F/S/J):**

Junior members must be U18 on 1st Jan 2022

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ainm an Bhaill/****Member’s Name(s)** | **Instrument****T/Fl/F/B/S/A** | **Years Playing Instrument** | **Dáta breithe/****DOB** | **Táillie/****FEE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| T – Tin Whistle : Fl – Flute : F – Fiddle : B – Banjo : S – Singing : A - Accordion | **Iomlán/Total:** |  |

**Príomh shonraí teagmhála/PRIMARY CONTACT DETAILS**

**Ainm/NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Bloclitreacha/BLOCK CAPITALS)

R-Post/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fón/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siniú/SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dáta/DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuismitheoir nó caomhnóir dithiúill gcás baill 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 Ceoltóiri 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 overleaf 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 in in accordance with the Comhaltas Child Protection Policy, copies of which are available from the branch.

**Photographs/Recordings**

**– Consent**

I hereby give consent that:

 Images/Photographs

 Audio/Audio Visual/Video Recordings

 (please tick as appropriate)

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of primary contact detailed overleaf.

Facebook: <https://www.facebook.com/groups/39535374949/> Twitter: <https://twitter.com/PortglenoneCCE> Website: [www.portglenonecce.org.uk](http://www.portglenonecce.org.uk)