

**COUNTY SLIGO CRICKET CLUB**  
**MEMBERSHIP APPLICATION FORM**



I wish to become a

\*Please tick appropriate membership category:

- (1) Regular Playing Member € 50/- [ ]
- (2) Junior Playing Member € 30/- [ ] (Under 18)
- (3) Pavilion Member € 50/- [ ]

NAME (Capital Letters): .....

ADDRESS: .....

.....

CONTACT NUMBER: (Mobile)..... (Home).....

(Email)..... (Work).....

DATE OF BIRTH .....

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THIS APPLICATION must be signed by the Applicant and the Club Officers.

The completed form should be returned with the appropriate subscription to the SECRETARY of County Sligo Cricket Club at the following address:  
6-Woodstream, Coolaney, County Sligo.

I confirm that I have read the club charter and the code of conduct of County Sligo Cricket Club and I will comply with all the terms and conditions.

SIGNATURE.....DATE.....

\*Subscription Received

Cash [ ]

Cheque [ ] payable to County Sligo Cricket Club

€ .....

SIGNATURE OF THE SECRETARY.....DATE.....

SIGNATURE OF THE TREASURER.....DATE.....