



## APPLICATION FORM

Observatory Lane, Rathmines, Dublin 6.  
Tel / Fax.: 497 2428 / 497 4673  
E-mail: [admin@lccsports.net](mailto:admin@lccsports.net)  
Website: [www.lccsports.net](http://www.lccsports.net)

Thank you for enquiring about membership of LCC.  
Please fill out form and return it to the Club, with the appropriate fee.  
Office Hours:- Mon-Fri (10.00 am-1.00 pm)

Please note that the club will use the data you provide here for communication with you regarding membership and club related activities only.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Tel: (m) \_\_\_\_\_

(h) \_\_\_\_\_ (o) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation/Current Class & School \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Club(s): \_\_\_\_\_

Proposer: \_\_\_\_\_

Secunder: \_\_\_\_\_

Primary Sport: \_\_\_\_\_

PAID € \_\_\_\_\_

Parental Code of Conduct Signed: