



Date _____

Membership Renewal

Name: _____

Card Number: _____ Section _____ Gym _____ (tick if required) (+€50)

E-mail address: _____

Mobile phone no: _____ Date of Birth _____

Type of membership: _____

(If Family include all names) _____

Amount Paid: _____

Payment method:

| | |
|----------------|--|
| Card | |
| Cheque | |
| Cash | |
| Online Bank | |
| Online Website | |

By signing this application form you agree to Terenure Sports Club using your information as set out in the Data Protection Notice on our website www.terenuresportsclub.ie. I confirm that the information provided is true and accurate and agree to the verification of same. If accepted as a member I agree to abide by the rules of Terenure Sports Club.

SIGNATURE _____

Date _____

(Typed signature can be accepted)

For office use only

| | |
|----------------|--|
| Parking Permit | |
| Bar Card Levy | |
| Door Access | |
| Gym Access | |