



# SUPPORTERS CLUB



## APPLICATION FORM

Title	<input type="text"/>
Members First Name	<input type="text"/>
Members Last Name	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/>

### Level of Membership

The Level of Membership will be dictated by your date of birth.

(Junior Member 4 - 15 years of age is €25 / Senior Member 16+ is €50)

Email address*	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Would you like to receive our online Newsletter	<input type="checkbox"/>
I have read and agree to the terms and conditions of membership	<input type="checkbox"/>
(please refer to <a href="http://www.IrishRugby.ie/Supportersclub">www.IrishRugby.ie/Supportersclub</a> )	

Payment type:	Credit Card <input type="checkbox"/>	Cheque enclosed <input type="checkbox"/>	Direct Debit <input type="checkbox"/>
	Credit Card:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
	Expiry Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (MM/YY)		

Credit Card Number	<input type="text"/>	Security Code	<input type="text"/>
Name as it appears on the Card	<input type="text"/>		
Signature	<input type="text"/>		

\* Compulsory Field  
Terms and conditions apply



