

OLD WESLEY

Rugby Football Club



Player Membership Application Form

NAME:		
HOME ADDRESS:	BUSINESS/COLLEGE NAME AND ADDRESS:	
PHONE:		
MOBILE:		
EMAIL:		
PLAYING POSITION:	DATE OF BIRTH:	
PREVIOUS SCHOOL/CLUB:	OCCUPATION:	
Additional information required for all players Over 18 years		
Do you have Private Medical Insurance ? Yes/No		
If yes please state -		
Insurance		
Company name		
Policy Number		
I wish to apply for membership of Old Wesley Rugby Football Club. If elected I agree to comply with the rules of the club. I agree to pay my subscription within two weeks of confirmation of acceptance and annually thereafter before 1st October	MEMBERSHIP TYPE (tick appropriate)	
		Amount €
	Playing	210
	Playing Under 20	125
I confirm that I am aware of the club policy on Personal Accident and Medical Insurance and that the limit of any Medical Expenses Claim is €750 (excess €100), subject to terms and conditions	Playing Full Time Student	
Payment of subscription may be made by Direct Debit, cheque (made payable to Old Wesley RFC), credit card or via the clubs smart club system	Signature	
Proposer:	Seconder:	

OFFICE USE ONLY

SEASON	2017/2018
Date Elected	
Sub Amount	
Amount Paid	
SmartClub #	
DD Form	
Hon Sec/Hon Reg	

Notes:

1. Student means full time student only.
- 2 All New Members must set up an Account on the OWRFC SmartClub Membership System
3. Playing rates include compulsory IRFU player insurance, see details in your membership card or club website

Please complete and return this form together with the relevant payment to:
 Pauline Farnan
 Office Admin
 OLD WESLEY R.F.C.
 DONNYBROOK
 DUBLIN 4
 email: info@oldwesley.ie
 website: www.oldwesley.ie

website: www.oldwesley.ie