

Terenure College Rugby Football Club

MEMBERSHIP APPLICATION FORM



"Lakelands, the home of Terenure Rugby"

Greenlea Grove
Terenure
Dublin 6w.

Office Tel: 01-4904283
Fax: 01-4920843

Email: office@terenurecollegerfc.com
Web: www.terenurecollegerfc.com

{block letters only please }

Christian Name _____ Int _____ Mr. Mrs. Ms. Dr Fr. etc _____

Surname _____ Partner Christian Name _____

Address _____

Address _____ County _____

Home Ph _____ Office . _____ Mobile _____ Fax: _____

Email Add: _____ (block letters only)

Date of Birth (players only) _____ Team _____ Position _____

Coaching Experience _____ Previous Club _____

Occupation _____ Employer Name _____

Address _____

Do you play golf ☐ Yes ☐ No Handicap _____ Club _____

I agree to abide by the rules & regulations of Terenure College RFC.

Signature of Applicant _____ Date _____

Proposed by: _____ Seconded by: _____

Office use only

Payment Method

Membership No.

Pavilion €250
Player €250
Student €220
Life Player €120
Club Draw €120