

Coiste Contae C.L.G. na Mí



Application to become a member of a club outside the Catchment Area Form 2025

Please complete this form in **BLOCK CAPITALS** and return it via email to secretary.meath@gaa.ie.

The names of the **Clubs** represented, and the **signatures** of individuals must be written in **Irish ONLY** as per the GAA Official Code 5.2.

1.	FULL NAME:	
2.	POSTAL ADDRESS (including EirCode):	
3.	DATE OF BIRTH (dd/mm/yyyy):	/
4.	G.A.A. CLUB(s) IN YOUR CATCHMENT AREA:	(a)
5.	G.A.A. CLUB OUTSIDE YOUR CATCHMENT AREA T	HAT YOU WISH TO JOIN:
6.	REASON FOR APPLICATION:	
7.	PLAYER'S SIGNATURE IN IRISH:	
	DATE:	/
8.	If the application is for someone who is U-18 then th	e Parent/Guardian shall sign below also:
	PARENT/GUARDIAN'S SIGNATURE IN IRISH:	
	DATE:	

ON BEHALF OF THE G.A.A. CLUB(s) IN YOUR CATC	HMENT AREA, <u>WE GRANT</u> THIS APPLIC
(a) CLUB SECRETARY'S SIGNATURE IN IRISH:	
DATE:	//
(b) CLUB SECRETARY'S SIGNATURE IN IRISH:	
DATE:	/
(c) CLUB SECRETARY'S SIGNATURE IN IRISH:	
DATE:	/
. ON BEHALF OF THE G.A.A. CLUB IN THE PROPOSE	D <mark>NEW</mark> CATCHMENT AREA, <mark>WE CONS</mark>
THIS APPLICATION.	
CLUB SECRETARY'S SIGNATURE IN IRISH:	
DATE:	/
. ON BEHALF OF THE G.A.A. CLUB IN YOUR CATCHN	1ENT AREA, <mark>WE DO NOT GRANT</mark> THIS
(a) CLUB SECRETARY'S SIGNATURE IN IRISH:	
DATE:	
(b) CLUB SECRETARY'S SIGNATURE IN IRISH:	
(b) CLUB SECRETARY'S SIGNATURE IN IRISH: DATE:	/

SIGNATURE IN <mark>IRISH</mark> :		
DATE:		
In signing this form, all parties declare that the i	information provided herein is true and is a full and to	
disclosure of all the facts relating to this app	olication.	
All parties also declare that they have full knowledge of the current codes, rules, and regulation GAA, including those governing Attachment to First Club as outlined in the GAA Official G		
application.		