



GAA London – Membership Card Application Form D

This application form is for existing **paid up** members of GAA London (**Patrons, Life Members and Associates**) only. To become a member, please apply using the **GAAL Membership Application Form A**, which can be downloaded from our website (www.gaalondon.org.uk).

Please use **black** ink and **CAPITAL** letters only

Section 1: ALL APPLICANTS

MAIN APPLICANT

Title: Mr/Mrs/Miss/Other _____

First Name: _____

Father's Name: _____

Surname: _____

DOB (MMYYYY): _____

Month & Year only

Address:

Post Code: _____

Home Tel: _____

Mobile Tel: _____

Email Address: _____

SPOUSE DETAILS

Title: Mr/Mrs/Miss/Other _____

First Name: _____

Father's Name: _____

Surname: _____

DOB (MMYYYY): _____

Month & Year only

Address (if different):

Post Code: _____

Home Tel: _____

Mobile Tel: _____

Email Address: _____

Number of children age 18 years or under _____ (Please fill in section 3 overleaf).

Everyone over the age of 18 years is required to become a member of GAA London by filling in Application Form A.

SECTION 2: Declaration

By signing this form, I give GAAL consent to hold my personal details on their database.

Signature: _____ Date: _____

The information you provide will be held securely in the GAAL database to administrate your membership, including your children, who will be notified when they turn 18. If you would like to see the information we hold about you, then please contact us with your personal identification.

PLEASE TURN OVER

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	Main Applicant		Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: Children

Please fill this section in if you have any children under the age of 18 years.

CHILD 1

Gender _____
 First Name: _____
 Middle Name: _____
 Surname: _____
 DOB (MMYYYY): _____
 Month & Year only

CHILD 2

Gender _____
 First Name: _____
 Middle Name: _____
 Surname: _____
 DOB (MMYYYY): _____
 Month & Year only

CHILD 3

Gender _____
 First Name: _____
 Middle Name: _____
 Surname: _____
 DOB (MMYYYY): _____
 Month & Year only

CHILD 4

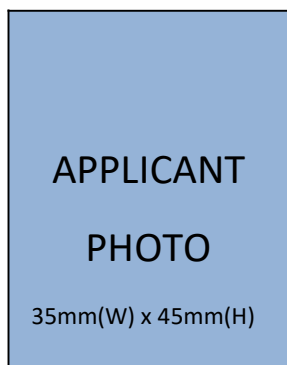
Gender _____
 First Name: _____
 Middle Name: _____
 Surname: _____
 DOB (MMYYYY): _____
 Month & Year only

Section 4: NOTES

Email the completed form to: secretary@gaalondon.org.uk

or alternatively post it to: Secretary, GAA London, Kenton Hall, John Billam Sports Ground, Woodcock Hill.

In order to issue ID Membership Cards, please attached a passport size photo(s) or electronic copies, for when emailing the completed form (**please note that photos will not be returned**).



FOR OFFICIAL USE ONLY

Main Applicant

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Spouse

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