



## IARRATAS BALLRAÍOCHTA

## MEMBERSHIP APPLICATION FORM

Bliain Bhallraíochta / Membership Year 2025-2026

Craobh/BRANCH: **PORTGLENONE CCE**

Contae/COUNTY: **ANTRIM**

MEMBER'S ADDRESS / Seoladh an Bhaill		<b>Táillí/FEES</b> Family (F): £20 Senior (S): £15 2 <sup>nd</sup> Senior (S2): £5 Junior (J): £5	<b>MEMBERSHIP TYPE (F/S/J):</b> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Junior members must be U18 on 1 <sup>st</sup> Jan 2025
	POSTCODE/EIRCODE		

Ainm an Bhaill/ Member's Name(s)	Instrument TW/FI/FI/B/S	Beginner (B)/ Years Playing	Dáta breithe/ DOB	Táillí/ FEE
Tuition per instrument / Class:		Full Year £70 or £40 per Term		Iomlán/Total:

### Príomh shonraí teagmhála / PRIMARY CONTACT DETAILS

Ainm/NAME: \_\_\_\_\_ (Blocitreacha/BLOCK CAPITALS)

R-Post/Email: \_\_\_\_\_

Fón/Phone: \_\_\_\_\_

Siniú/SIGNATURE: \_\_\_\_\_ Dáta/DATE: \_\_\_\_\_

Tuismitheoir nó caomhnóir dithiúill gcás baill shóisearacha.

**In the case of junior members, this MUST be a parent or legal guardian.**

Membership application forms are retained for two years. Access to these forms is restricted to relevant Comhaltas staff and branch officers for Comhaltas use only.

### Data Protection

Comhaltas Ceoltóirí Éireann does not share personal data with third parties. The data and contact details provided on this form are used for the exclusive purposes of Committee administration and activities,

### Health & Safety

It has been recommended that if a child has an allergy/diabetes requiring immediate action (e.g. Epi-Pen/ Insulin) then a parent should remain on the premises during their classes.

**Does your child have any allergies which may require an Epi-Pen/Insulin?** Yes ☐ No ☐

### Photographs/Recordings of Junior Members and Vulnerable Persons – Consent

I hereby give consent that:

☐ Images/Photographs

☐ Audio/Audio Visual/Video Recordings (please tick as appropriate)

featuring Junior Members and Vulnerable Persons listed above may be used by the Comhaltas branch for the purpose of promoting Portglenone CCE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/legal guardian.

The use of Images/Recordings of members under 18 years of age or vulnerable persons are in accordance with the Comhaltas Child Protection Policy, copies of which are available from the branch.

### Photographs/Recordings of Senior Members – Consent

I hereby give consent that:

☐ Images/Photographs

☐ Audio/Audio Visual/Video Recordings (please tick as appropriate)

featuring Adult Members listed above may be used by the Comhaltas branch for the purpose of promoting Portglenone CCE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of primary contact.

The use of Images/Recordings of members over 18 years of age are in accordance with Comhaltas Policy, copies of which are available from the branch.