



Lisnagarvey Hockey Club

Application for Playing Membership

Mr. / Mrs. / Miss / Ms / Other

Surname: _____ Phone numbers (inc.code) _____
Forename(s): _____ Home: _____
Known As: _____ Business: _____
Address: _____ Mobile: _____
_____ EMail: _____
_____ Occupation: _____
Post Code: _____ Date of Birth: ___ / ___ / ___

Category of Membership: **Senior Playing / Veteran / Student / Junior**
(Delete those not applicable)

Playing Position _____

Name of any Hockey Club you are/were a member: _____

Reason for leaving: _____

Has the applicant been proposed for this club before? _____ Date: _____

I declare that the above particulars are correct and agree to abide by the rules of the club.

Signature of Applicant: _____ Date: _____

Name of Proposer _____ Name of Seconder _____

We both know the applicant and feel that he / she would be an asset to the club.

Signature of Proposer: _____ Date _____

Signature of Seconder: _____ Date _____

The Proposer and Seconder should be members of the club for at least two years.

Forwarded completed form to: The Membership Secretary

Lisnagarvey Hockey Club, 2 Comber Road
Hillsborough, Co. Down, BT26 6LN