



Lisnagarvey Hockey Club

Application for Membership

(Please use Block Capitals)

Mr. / Mrs. / Miss / Ms / Other

Surname: _____ Forename(s): _____

Address: _____ Phone numbers (inc.code)

_____ Home: _____

_____ Business: _____

Post Code _____ Mobile: _____

Date of Birth ___ / ___ / ___ Occupation: _____

Category of Membership: Senior Player / Veteran / Junior / Youth / Mini /
(Delete those not applicable) Former Playing / Former Playing 65 + / Student /
Exile / House (Social) Member /

Playing Position _____

Name of any Hockey Club of which 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