

## Application for Membership of Skibbereen Branch Comhaltas Ceoltóirí Éireann 2025/2026 (Confidential)

Name of Applicant/	Parent/Guardian:		
Address:			
Mobile:	bile: Email		
	PLEASE TICK THE M	IEMBERSHIP YOU REQUIRE	
Individual adults and	f Family Memberships receive	copy of national Treoir Magazine (3 per year)	
□ADULT: €12 □	SECOND ADULT (SAME FAM	ILY): €8 □JUNIOR: €6 □FAMILY: €20	
	,	, —	
list names of m	nembers you wish to join	Date of Birth (only needed for Under 18s)	
		Date of Birth (only needed for Order 103)	
1.			
2.			
3.			
4.			
5.			
6.			
Consent for Phot	ographs/Recording:		
members for archival Images/Recordings of which is available from	purposes, celebration of the active members Under 18 or vulnerable In the branch. Comhaltas takes no aphy/filming /recording over whi	aphy/filming/recording of children, groups or individual vities of the organisation and promotional purposes. e persons are in accordance with CCÉ Child Protection Policy oresponsibility for and will not be liable in respect of any ich we have no control	
I Agree with Images/Film/Record		I Disagree with Images/Film/Record	
	reann does not share personal day wish to contact you by Telephonach activities.	ata with third parties. Skibbereen Comhaltas Ceoltóirí Éireann ne/Text/Email/ for the purposes of Comhaltas administration	
Agree with receiving P	hone/Text/Email	Disagree with receiving Phone/Text/Email	
	Signature of App	olicant/Parent/Guardian	

All Cheques payable to Skibbereen Comhaltas