



Association Franco-Irlandaise de Lyon

Membership Form

○ **Single Membership, (25 euros),**

Name :

Mobile :

Email :

○ **Family Membership (25 euros per parent, children free),**

Names of Parents :
.....

Names of Children :
.....

Mobiles of Parents :

Email of Parents :

○ **Player Membership, (cost to be confirmed),**

Name :

Mobile :

Email :

Payment Type : *Immediate payment*.....

Differed payment.....

*Please return along with a cheque payable to Lugdunum CLG for the appropriate amount to Philip Delaney
49 allée de l'éolienne, 69530 Brignais*

Name(s):.....

Membership Type:.....

Amount:.....