

APPLICATION FORM

NAME _____ (Please use block capitals)

ADDRESS _____ (Please use block capitals)

PHONE _____ EMAIL _____

MEMBERSHIP CATEGORY (Please tick one below)

A B C D Single Payment 2 Installments

PAYMENT METHOD (Please tick one below)

Cheque Credit Card Debit Card Standing Order

(Cheques should be made payable to Athlone Town FC Membership)

CREDIT CARD TYPE (Please tick one below)

Mastercard Visa Other Please specify other _____

CREDIT / DEBIT CARD DETAILS

CARDHOLDER'S NAME: _____

EXPIRY DATE

Month Year 20

STANDING ORDER MANDATE

BIC NO: IPBSIE2D. IBAN NO: IE15IPBS99071886256196

Permanent TSB, Unit 13B, Block A, Irishtown Central, Athlone, Co. Westmeath.

NAME _____ (Please use block capitals)

ADDRESS _____ (Please use block capitals)

NAME OF BANK: _____

SORT CODE: _____ ACCOUNT NUMBER: _____

REMITTANCE DATA (Preferably name of Member) _____

Preferred Date - 31st of the month

AMOUNT: _____ Signature: _____

Please return completed Application Forms to:

Mr. Brian McCormack, Membership Secretary,
Athlone Town Football Club,
Athlone Town Stadium,
Lissywollen, Athlone, Co. Westmeath.
Phone: 090 64 80001.
Email: info@athlonetownfc.ie