



SHAMROCK ROVERS F.C. MEMBERSHIP APPLICATION FORM 2017

As a member you are a shareholder in Shamrock Rovers Members Club Ltd. and – in turn – a shareholder of Shamrock Rovers F.C. Ltd.

(Please complete in block capitals)

Name: _____

Address: _____

Phone No. (for Club use only): _____

E-mail Address: _____

Signature: _____

Please tick Category: **Adult** (€50 per month) **OAP** (€25 per month)

Student (€25 per month)* **Overseas** (€25 per month)

** valid I.D. must accompany the application)*

- Adult membership includes the option of a free season ticket or €100 off a family season ticket.
- Student/OAP categories do not include a free season ticket but include €50 off a season ticket.
- Overseas members are entitled to two complimentary tickets for four league games in place of a season ticket.

Please send this form along with a completed direct debit form or upfront annual payment by cheque to the club at the address below.

**Membership Section,
SHAMROCK ROVERS FC,
Whitestown Way, Tallaght Stadium,
Dublin 24**

E-mail: membership@shamrockrovers.ie / Internet: www.shamrockrovers.ie

SEPA Direct Debit Mandate



**Shamrock Rovers
Members Club Ltd.**

* Unique Mandate Reference

* SEPA Creditor Identifier **IE40ZZZ305832**

Legal Text: By signing this mandate form, you authorise (A) **Shamrock Rovers Members Club Ltd.** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from **Shamrock Rovers Members Club Ltd.** As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which you account was debited. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields below marked *

* Your Name

Your Address

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

* City/Postcode _____ * Country _____

* Account Number (IBAN) _____

* Swift BIC _____

* Creditor's Name **Shamrock Rovers Members Club Ltd.**

* Creditor's Address Line 1 **Shamrock Rovers FC, Whitestown Way**

* Address Line 2 **Tallaght Stadium, Dublin 24**

* Country **REP. OF IRELAND**

* Type of Payment: Recurrent **or** One-off Payment (Please Tick 1)

* Date of signing _____

* Signature(s) _____

Please return to: **SHAMROCK ROVERS FC, Whitestown Way, Tallaght Stadium, Dublin 24**
Telephone: 01-4605948 / E-mail: membership@shamrockrovers.ie / Internet: www.shamrockrovers.ie