www.ribsa.net **RIBSA Membership Form** www.ribsa.net

Membership Type: **Full €20** ☐ **Junior €10** ☐ **Associate €5** ☐

Name:

Address:

Club: **DOB:**

Home Phone: **Mobile:**

E-Mail Address:

I **(Block Capitals)**

agree to abide by the Constitution and Rules of the Republic of Ireland Billiards and Snooker Association. I understand that Drug Testing can be carried out at any time and consent to this.

Signed:

Parent/Guardian if Under-16:

Credit Card Payment **I authorise the RIBSA to debit my**

Access ____ **Visa** _____ **MasterCard** ____

Cardholders Name

Expiry Date _____ **Signature**

Office Use Only

Membership No. _____ **Date Received** _____

Post to RIBSA, sportHQ, Joyce Way, Parkwest Buisness Park, Dublin 12

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