

Clann Eireann Lottery Membership Application

Applicant's Name (Please print clearly) _____

I wish to purchase 1 2 (please circle number) lottery tickets each week at a charge of **£5 per panel per month**. I understand and agree to abide by the following rules and conditions:

1. Payment of prizes is dependent on member's subscription being fully paid at the time of the draw.
2. There will be no prize for 'Match 3' in a Jackpot winning week.
3. In the event of more than one winner, the Prize Fund will be shared.
4. Membership commences on the first Sunday following your application being approved. Approval is complete only when **written confirmation** is received from Clann Eireann.
5. The Jackpot will revert to £1,000 following a successful claim and will accumulate by £50 each week.
6. Clann Eireann is responsible for checking entries and advising winners. (No later than Wednesday following draw date)
7. Each panel guarantees entry into two Lottery Members Prize Draws for £500. Draws to be held in July and December. Entry into these draws is dependent on a minimum of three months Lottery membership immediately prior to draw.
8. All names and number selections will be publicly posted in Clann Eireann Social Club.
9. Prize winners names may be published in a club news sheet, website, or other publication.
10. Members bank details will be held in the strictest confidence.
11. Members will receive a copy of this mandate for verification.
12. Members may withdraw at any time. Please advise Clann Eireann in such an event and note (1) above.

Select **4** numbers from the panel(s) below. **£5 per panel per month**.

Panel 1					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26				

Panel 2					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26				

Please complete bank mandate (**Do not detach from main form**) and return to: Lottery Committee, Clann Eireann Social Club, 53 Lake Street, Lurgan

To The Manager					
Bank: _____			Bank Address: _____		
Bank Sort Code: _____			_____		
Account Number: _____			Account Holder: _____		
I authorise the direct debit detailed below:					
To: First Trust Bank, 4 Market Street, Lurgan, BT66 6AQ					
Sort Code	Account Name	Account Number:	Amount	Frequency	Commencement Date
93 - 81 - 14	Clann Eireann GAC	03390717	£ <input type="text"/>	1st each month	For completion by Clann Eireann
Signature: _____			Contact Numbers: _____		
Address: _____					