# Merlin Park Sports and Social Club Membership Form



# Please complete the document below and email to:

[Merlinpark.socialclub@hse.ie](mailto:Merlinpark.socialclub@hse.ie)

# TO: DEDUCTIONS OFFICE, SALARIES DEPT, MERLIN PARK UNIVERSITY HOSPITAL

**I wish to become a member of Merlin Park Social Club**

**I hereby authorize to have €1.00 per fortnight deducted from my salary as appropriate and paid to the Sports & Social Club Bank Account. 12 month minimum membership**

**PLEASE NOTE: IF YOU ARE NOT PAID BY HSE WEST PAYROLL YOU WILL NEED TO PAY A YEARLY FEE OF €26**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE USE BLOCK CAPITALS**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONNEL NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ GROUP NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(This information is on your payslip)**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BLOCK CAPITALS ONLY!!**

**AREA EMPLOYED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by a member of the Social Club Committee**

Added to a Email Distribution List:  Welcome Letter Sent: 

Sent to Deductions, Salaries Dept:  Added to Members List: 

Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_