



COOMEALLA
MEMORIAL SPORTING CLUB LIMITED

A.B.N. 49 001 058 180
P.O. BOX 42, DARETON, N.S.W. 2717
TELEPHONE (03) 5027 4505 FACSIMILE (03) 5027 4825
E-mail: admin@coomeallaclub.com.au Website: www.coomeallaclub.com.au

APPLICATION FOR JUNIOR MEMBERSHIP

I desire to become a junior member of the Coomealla Memorial Sporting Club Limited - Intra Club as indicated below.

Christian Names _____

Surname _____

Residential Address _____

Post Code _____

Postal Address _____

Post Code _____

Sex MALE / FEMALE Date of Birth _____

Phone Number _____

Signature _____ Date _____

Parent / Senior Club Member name (please print) _____

Membership Number _____

Please indicate membership required: -

| | | | | | |
|---------------------|---------|--------------------------|------------------------|----------|--------------------------|
| JUNIOR TRIATHLON | \$ 2.20 | <input type="checkbox"/> | JUNIOR GOLF | \$ 33.00 | <input type="checkbox"/> |
| JUNIOR ANGLING | \$ 2.20 | <input type="checkbox"/> | JUNIOR BOWLS | \$ 25.00 | <input type="checkbox"/> |
| JUNIOR CYCLING | \$ 2.20 | <input type="checkbox"/> | MOUNTAINLESS BIKE CLUB | \$ 2.20 | <input type="checkbox"/> |
| JUNIOR INDOOR BOWLS | \$ 2.20 | <input type="checkbox"/> | | | |

PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM

FOR OFFICE USE ONLY

Date Paid _____

Receipt No. _____

Accepted By _____

Membership No. _____

VALID UNTIL 13TH JULY 2006

MShip apps (new)