



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 MEMBERSHIP

I hereby apply to become a Member of the Coomealla Memorial Sporting Club Limited

Mr/Mrs/Ms/Miss _____ Christian Name/s _____
_____ Surname _____
Residential Address _____
_____ Post Code _____
Postal Address _____
_____ Post Code _____
Occupation _____ Date Of Birth _____
Home Tel _____ Business Tel _____
Mobile _____ E-mail _____

I declare that I am over 18 years of age and request that you enter my name on the register of members accordingly and I agree to be bound by the Constitution and By-Laws of the Coomealla Memorial Sporting Club Limited.
I understand that my current financial membership is valid until the 30th September 2009.

Signature _____ Date _____

ANNUAL REPORT :

Do you require the Coomealla Club to provide you with a Annual Report?

Yes No

PROMOTIONAL MATERIAL:

I hereby authorise the Club to provide me with Club and associated promotional material, this may include postal, e-mail and SMS material.

E-mail: _____

Yes No

PERSONAL IDENTIFICATION

The Coomealla Memorial Sporting Club Limited requires one form of identification when producing this membership application to copy and attach to application form.

The required forms of identification include:

**Motor Vehicle Drivers Licence,
Passport or Personal Identification Card. ⇒**

FOR OFFICE USE ONLY

Approved At Board Meeting

Signature _____

Date _____

Subscription \$11.00

Membership Application Form expires 9th July 2009

Date Paid _____

Receipt Number _____

Accepted By _____

Membership Number _____



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INTRA CLUB APPLICATION FOR MEMBERSHIP

*To be eligible for membership to an Intra Club
you must be a current financial member of the Coomealla Memorial Sporting Club Limited*

I hereby apply to become a member of the following designated Coomealla Intra Club.

Mr/Mrs/Ms/Miss _____ Christian Names
 _____ Surname

Residential Address _____
 _____ Post Code _____

Postal Address _____
 _____ Post Code _____

Date of Birth _____ Mobile Phone Number _____

Home Phone Number _____ Work Phone Number _____

My Coomealla Club Membership Number is _____

I understand that my current financial Intra Club Membership is valid until the 30th September 2009.

Signature _____ Date _____

Please tick appropriate box

- AEROBICS \$27.00
- ANGLING \$ 7.00
- CRICKET CLUB \$15.00
- CYCLING \$ 7.00
- INDOOR BOWLS \$ 7.00
- MOUNTAINLESS BIKE CLUB \$ 7.00
- TRIATHLON \$ 7.00

PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM

<u>FOR OFFICE USE ONLY</u>	
Approved at Board Meeting	Date Paid _____
Signature _____	Receipt No. _____
Date _____	Accepted By _____
	Membership No. _____
Intra Club Membership Application form expires 9 th July 2009	



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APPLICATION FOR JUNIOR MEMBERSHIP

I hereby apply 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 GOLF	\$ 35.00	<input type="checkbox"/>	JUNIOR TRIATHLON	\$ 3.00	<input type="checkbox"/>
JUNIOR ANGLING	\$ 3.00	<input type="checkbox"/>	JUNIOR INDOOR BOWLS	\$ 3.00	<input type="checkbox"/>
JUNIOR CYCLING	\$ 3.00	<input type="checkbox"/>	JUNIOR MOUNTAINLESS	\$ 3.00	<input type="checkbox"/>
JUNIOR BOWLS	\$ 28.00	<input type="checkbox"/>	BIKE CLUB		

PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM

FOR OFFICE USE ONLY

Date Paid _____

Receipt No. _____

Accepted By _____

Membership No. _____

Junior Intra Club Membership Application Form expires 9th July 2009