



COOMEALLA
MEMORIAL SPORTING CLUB LIMITED

A.B.N. 49 001 058 180

P.O. BOX 42, DARETON, N.S.W. 2717

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GOLF CLUB APPLICATION FOR MEMBERSHIP

To be eligible for membership to the Coomealla Golf Club

You must be a current financial member of the Coomealla Memorial Sporting Club Limited

I hereby apply to become a member of the Coomealla Golf 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 _____

Coomealla Club Membership Number _____ Email _____

LADIES GOLF \$105.00

MENS GOLF \$105.00

I understand that my current financial Golf Club Membership is valid until the 30th September 2011

Signature _____ Date _____

AUSTRALIAN GOLF UNION – UNIFORM HANDICAPPING SYSTEM

THIS SECTION MUST BE COMPLETED TO HOLD HANDICAP!

I hereby agree to the Coomealla Memorial Sporting Club supplying my membership details to the Australian Golf Union for the purpose of establishing the Golf Link Handicapping System.

Handicap: _____	Home Club: _____
Golf Link No: _____	
Other Clubs you hold membership with: _____	

Signature: _____	Date: _____

PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM

FOR OFFICE USE ONLY

Approved at Board Meeting	Date Paid _____
Signature _____	Receipt No. _____
Date _____	Accepted By _____
	Membership No. _____

Intra Club Membership Application form expires 14TH JULY 2011