



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 \$99.00

MENS GOLF \$99.00

I understand that my current financial Golf Club Membership is valid until the 30th September 2010

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 8th July 2010