



**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: www.admin@coomeallaclub.com.au

**APPLICATION FOR JUNIOR MEMBERSHIP 2009/2010**

I hereby apply to become a junior member of a Coomealla Memorial Sporting Club Limited, Intra Club

\*\*\*\* PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM \*\*\*\*

**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 BIKE CLUB	\$ 3.00	<input type="checkbox"/>
JUNIOR BOWLS	\$ 30.00	<input type="checkbox"/>			

**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.

<b>Golf Handicap:</b> _____	<b>Home Club:</b> _____
<b>Golf Link No:</b> _____	
<b>Other Clubs you hold membership with:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____

<b><u>FOR OFFICE USE ONLY</u></b>	
Date Paid _____	Accepted By _____
Receipt No. _____	Membership No. _____