



A.B.N 49 001 058 180 P.O. BOX 42, DARETON, N.S.W., 2717  
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 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

### MEMBERSHIP CATEGORY - ORDINARY MEMBER

**Club Member \$11.00**

**Pensioner Member \$5.50**  
*(Any person over the age of 65 years - Age Verification required)*

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.  
 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 2019

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ANNUAL REPORT *(Full copy available on the Coomealla Club's Website www.coomeallaclub.com.au):*

Do you require the Coomealla Club to provide you with a printed 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

### Please indicate what encouraged you to join our Club:

- Advertising  Referred from another member  
 Your affiliation with a Club, Group or Organisation which the Coomealla Memorial Sporting Club supports/sponsors please state:

Membership to one of our Sporting Intra Clubs please state which Intra Club:

### PERSONAL IDENTIFICATION

The Coomealla Memorial Sporting Club Limited requires one form of identification when applying for membership. This identification will be copied and attached to the 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 Club \$11  Pensioner \$5.50

Membership Application Form expires 12th July 2019

Date Paid \_\_\_\_\_

Receipt Number \_\_\_\_\_

Accepted By \_\_\_\_\_

Membership Number \_\_\_\_\_