



**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

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## BOWLING CLUB APPLICATION FOR MEMBERSHIP

*To be eligible for membership to the Coomealla Bowling 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 Bowling 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 \_\_\_\_\_

### Please tick appropriate box:

SOCIAL BOWLS	\$40.00	<input type="checkbox"/>	
LAWN BOWLS	\$102.00	<input type="checkbox"/>	FEMALE AFFILIATION
	\$102.00	<input type="checkbox"/>	MALE AFFILIATION
DUAL BOWLS	\$40.00	<input type="checkbox"/>	

I understand that my current financial intra club membership is valid until the 30th September 2020

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

### 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 10 <sup>th</sup> July 2020	