



A.B.N. 49 001 058 180  
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**GOLF CLUB APPLICATION FOR MEMBERSHIP (COVID 19)**

*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 \$260.00**

**MENS GOLF \$260.00**

I understand that my current financial Golf Club Membership is valid until the 30th September 2021

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

<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 30 <sup>th</sup> September 2021 (COVID 19)	

**Refund:** If the Coomealla Golf Club is required to close within three (3) months from the 1<sup>st</sup> April, the applicant of the Special COVID-19 Membership shall be fully refunded – if requested by member, membership shall be cancelled.