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## APPLICATION FOR JUNIOR MEMBERSHIP 2020/2021

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 \_\_\_\_\_  
Gender MALE / FEMALE Date of Birth \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Mobile Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Senior Club Member name (please print) \_\_\_\_\_

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

Please indicate membership required: -

JUNIOR GOLF	\$ 65.00	<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	\$ 45.00	<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.

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

### FOR OFFICE USE ONLY

Date Paid \_\_\_\_\_ Accepted By \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Membership No. \_\_\_\_\_

Junior Intra Club Membership Application Form expires 9<sup>th</sup> July 2021