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## INTRA CLUB APPLICATION FOR MEMBERSHIP

*To be eligible for membership to an Intra Club  
 you must be a current financial member of the Coomealla Memorial Sporting Club Limited*

I hereby apply to become a member of the following designated Coomealla Intra 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 \_\_\_\_\_

I understand that my current financial Intra Club Membership is valid until the 30th September 2022

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

Please tick appropriate box

- |                        |          |                          |
|------------------------|----------|--------------------------|
| ANGLING                | \$ 10.00 | <input type="checkbox"/> |
| CRICKET CLUB           | \$ 20.00 | <input type="checkbox"/> |
| CYCLING                | \$ 10.00 | <input type="checkbox"/> |
| INDOOR BOWLS           | \$ 10.00 | <input type="checkbox"/> |
| MOUNTAINLESS BIKE CLUB | \$ 10.00 | <input type="checkbox"/> |
| TRIATHLON              | \$ 10.00 | <input type="checkbox"/> |

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 8 <sup>th</sup> July 2022	