



A.B.N 49 001 058 180 P.O. BOX 42, DARETON, N.S.W., 2717
Telephone (03) 5027 4505 Fax: (03) 5027 4825
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APPLICATION FOR MEMBERSHIPS

I hereby apply to become a Member of the Coomealla Memorial Sporting Club Limited

Mr/Mrs/ Ms/Miss Christian Names/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 2017

Signature _____ Date _____

ANNUAL REPORT :

Do you require the Coomealla Club to provide you with a 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 producing this membership application to copy and attach to 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	Date Paid _____
Signature _____	Receipt Number _____
Date _____	Accepted By _____
Subscription \$11.00	Membership Number _____
Membership Application Form expires 8th July 2022	