



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
E-mail: admin@coomeallaclub.com.au Website: www.coomeallaclub.com.au

APPLICATION FOR MEMBERSHIP

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

MEMBERSHIP CATEGORY - ORDINARY MEMBER

Club Member \$11.00

Pensioner Member \$5.50
(Any person over the age of 65 years - Age Verification required)

Mr/Mrs/Ms/Miss Christian Name/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 2022

Signature _____ Date _____

ANNUAL REPORT (Full copy available on the Coomealla Club's Website www.coomeallaclub.com.au):

Do you require the Coomealla Club to provide you with a printed 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 applying for membership. This identification will be copied and attached to the 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

Signature _____

Date _____

Subscription Club \$11 Pensioner \$5.50

Membership Application Form expires 14th July 2023

Date Paid _____

Receipt Number _____

Accepted By _____

Membership Number _____