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GOLF CLUB APPLICATION FOR MEMBERSHIP

*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 \$219.00

MENS GOLF \$219.00

I understand that my current financial Golf Club Membership is valid until the 30th September 2024

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 11 th July 2024	