



**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

## 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 2024

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

Please tick appropriate box

- ANGLING \$ 10.00
- CRICKET PLAYING \$ 50.00
- CRICKET NON-PLAYING \$ 20.00
- CYCLING \$ 10.00
- INDOOR BOWLS \$ 10.00
- MOUNTAINLESS BIKE CLUB \$ 10.00

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 <sup>th</sup> July 2024	