



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
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APPLICATION FOR JUNIOR MEMBERSHIP 2008/2009

I hereby apply to become a junior member of a Coomealla Memorial Sporting Club Limited, Intra Club

**** PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM ****

Christian Names _____

Surname _____

Residential Address _____
_____ **Post Code** _____

Postal Address _____
_____ **Post Code** _____

Sex MALE / FEMALE **Date of Birth** _____

Phone Number _____

Signature _____ **Date** _____

Parent / Senior Club Member name (please print) _____

Membership Number _____

Please indicate membership required: -

JUNIOR GOLF	\$ 35.00	<input type="checkbox"/>	JUNIOR TRIATHLON	\$ 3.00	<input type="checkbox"/>
JUNIOR ANGLING	\$ 3.00	<input type="checkbox"/>	JUNIOR INDOOR BOWLS	\$ 3.00	<input type="checkbox"/>
JUNIOR CYCLING	\$ 3.00	<input type="checkbox"/>	JUNIOR MOUNTAINLESS BIKE CLUB	\$ 3.00	<input type="checkbox"/>
JUNIOR BOWLS	\$ 28.00	<input type="checkbox"/>			

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.

Golf Handicap: _____	Home Club: _____
Golf Link No: _____	
Other Clubs you hold membership with: _____	
Signature: _____	Date: _____

<u>FOR OFFICE USE ONLY</u>	
Date Paid _____	Accepted By _____
Receipt No. _____	Membership No. _____