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APPLICATION FOR JUNIOR MEMBERSHIP 2010/2011

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	\$ 37.00	<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	\$ 32.00	<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: _____

FOR OFFICE USE ONLY

Date Paid _____	Accepted By _____
Receipt No. _____	Membership No. _____