



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

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 and 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 2009.

Signature _____ Date _____

ANNUAL REPORT :

Do you require the Coomealla Club to provide you with a 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

PERSONAL IDENTIFICATION

The Coomealla Memorial Sporting Club Limited requires one form of identification when producing this membership application to copy and attach to 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	Date Paid _____
Signature _____	Receipt Number _____
Date _____	Accepted By _____
Subscription <u> \$11.00 </u>	Membership Number _____
Membership Application Form expires 9th July 2009	