



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.
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 2011

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 _____

Signature _____

Date _____

Subscription \$11.00

Membership Application Form expires 14th July 2011

Date Paid _____

Receipt Number _____

Accepted By _____

Membership Number _____