	<b>COOMEALLA</b> MEMORIAL SPORTING CLUB LIMITED
	A.B.N. 49 001 058 180 P.O. BOX 42, DARETON, N.S.W. 2717 TELEPHONE (02) 5077 4595 C CSUMU E (02) 5077 4895
E-I	TELEPHONE (03) 5027 4505 FACSIMILE (03) 5027 4825 Mail: admin@coomeallaclub.com.au Website: www.coomeallaclub.com.au
	LING CLUB APPLICATION FOR MEMBERSHIP To be eligible for membership to the Coomealla Bowling Club
You must be a c	urrent financial member of the Coomealla Memorial Sporting Club Limited.
I hereby apply to become	e a member of the Coomealla Bowling Club.
Mr/Mrs/Ms/Miss	Christian Names
	Surname
<b>Residential Address</b>	
	Post Code
Postal Address	
	Post Code
Date of Birth	Mobile Phone Number
Home Phone Number	Work Phone Number
Email Address	
	nbership Number is
Please tick appropriate b	
SOCIAL BO	
DUAL BOW	VLS \$45.00
LAWN BOW	WLS FEMALE \$121.00 FEMALE AFFILIATION
LAWN BOW	WLS MALE \$121.00 MALE AFFILIATION
Contact person for em	ergency:
Name:	Relationship:
Contact Telephone:	
I understand that my cu	arrent financial intra club membership is valid until the 30th of September 2024
If I am accepted as a mer Club / Coomealla Bowls	nber, I agree to be bound by the constitution of the Coomealla Memorial Sporting Club and any by - laws thereunder.
	mation supplied will be governed by the primary act, the Coomealla Memorial blicy and other applicable legislation.
	be supplied to the following affiliated bowls association (Bowls Sunraysia, Bowls a and Coomealla Bowling Club Committee / members) for contact purposes.
Such authority remains v	valid until member requests written cancellation.
~	_
Signature	Date
	PLEASE FORWARD YOUR SUBSCRIPTION FEE WITH THIS FORM
Approved at Board Meeting	FOR OFFICE USE ONLY Date Paid
	Receipt No.
Date	Accepted By
Intra Club Membership Appli	ication Form expires 11 <sup>th</sup> July 2025