



PO Box 809 COOMA NSW 2630
Tel: 6452 6465
ABN 50 240 081 619

MEMBERSHIP APPLICATION FORM

I
[Full name of Applicant]

of
[Residential Address]

and
[Postal Address]

Hereby apply to become a Member of the Cooma Pastoral & Agricultural Association Inc. In the event of my admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

.....
[signature of applicant]

Second Member Name:
(ie. Wife, husband, partner) [print full name]

Children up to 17 years of age: [DOB]
[1st child's name]

..... [DOB]
[2nd child's name]

..... [DOB]
[3rd child's name]

(if you have more than 3 children 17 years or under please advise of their names and DOB on the reverse side)

NOMINATION FOR MEMBERSHIP

I am a current financial member of the Association
[print name]
nominate the Applicant who is personally known to me for membership of the Association.

Signature of Member: Date:.....

I am a current financial member of the Association,
[print name]
nominate the Applicant who is personally known to me for membership of the Association.

Signature of Member: Date:.....

MEMBERSHIP FEES – FAMILY \$20 & SINGLE \$10