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2024 MEMBERSHIP APPLICATION FORM

[Print Full Name of Applicant]	
of[Print Residential Address]	
[Print Postal Address if different from Residentia	ıl Address]
[Print email address]	
Hereby apply to become a Member of the Co In the event of my admission as a Member, I as Association for the time being in force.	
Single Membership - \$10 - (18 years and o Includes 1 adult ticket and car parking pa	•
Family \$20.00 - Includes 2 adult tickets, car parking and all children's tickets (17 years of age and under).	
Payment can be made online or in person Account No – 113851, Account Name Association. Please quote your full first payment.	- Cooma Pastoral and Agricultural
[Signature of Applicant]	[Date]
Second Member Name:	rint Full Name]
Children up to 17 years of age:	D. J. (D.)
Child's Name	Date of Birth