

PO Box 809 COOMA NSW 2630  
Email: [secretarycpaa@outlook.com](mailto:secretarycpaa@outlook.com)  
Phone: 0498 105 537



[www.coomashow.com.au](http://www.coomashow.com.au)  
ABN 50 240 081 619

## 2026 MEMBERSHIP APPLICATION FORM

I.....  
[Print Full Name of Applicant]

of .....  
[Print Residential Address]

.....  
[Print Postal Address if different from Residential Address]

.....  
[Print email address]

Hereby apply to become a Member of the Cooma Pastoral and 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.

**Single Membership - \$15 - (18 years and over)**

Includes 1 adult ticket and car parking pass

**Family \$30.00** - Includes 2 adult tickets,

car parking and all children's tickets (17 years of age and under).

**Payment can be made via direct deposit or in person at:**

Bendigo Bank BSB 633 000, Account No. 217928035, Account Name - Cooma Pastoral and Agricultural Association INC. **Please quote your full first and surname** when making your payment.

Please send completed form to [secretarycpaa@outlook.com](mailto:secretarycpaa@outlook.com) or post to PO Box 809, Cooma NSW 2630

Collection of tickets Cooma Showground Wednesday 11 March to Friday 13 March 2026

Postage of tickets required

.....  
[Signature of Applicant]

.....  
[Date]

Second Member Name: .....  
[ie Wife, Husband, Partner] [Print Full Name]

Children up to 17 years of age: If you have more children 17 years and under, please put their names and date of birth on the reverse side.

Child's Name	Date of Birth