

Coffin Bay Sporting Association Incorporated
Coffin Bay Bowling Club / Coffin Bay Golf Club

Application for Membership

Full Name: _____

Postal Address: _____

Email Address: _____

Phone: _____

Date of Birth: _____
(If under 18 years of age)

I am applying for membership of
tick the appropriate boxes

Coffin Bay Bowling Club Coffin Bay Golf Club Sporting Association Only

My playing grade is _____ (leave blank if not applicable)

I hereby apply for membership and if accepted I agree to be bound by the constitution and by-laws of the clubs and to pay the annual or pro-rata subscription as determined by the management committee as at the date of my admission to membership.

Signed: _____

Date: _____

Nominated by:

Signature:

Seconded by:

Signature:

Application Received. Copy to Golf and or Bowls Club	
Payment Received	