



MEMBERSHIP APPLICATION FORM

COOMA PASTORAL AND AGRICULTURAL ASSOCIATION

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.

.....
[Signature of Applicant]

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

Children up to 17 years of age:

Child's Name	Date of Birth

If you have more than four children 17 years and under please put their names and date of birth on the reverse side.

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