

PO Box 809 COOMA NSW 2630 Email: <u>secretarycpaa@outlook.com</u> Phone: 0498 105 537 www.coomashow.com.au ABN 50 240 081 619

2025 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 o Includes 1 adult ticket and car parking pa	•
Family \$30.00 - Includes 2 adult tickets, car parking and all children's tickets (17 years of age and under).	
<u>Please note new bank details</u> Payment can be made online or in person at <u>Bendigo Bank</u> 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. Payment can also be made at <u>www.coomashow.com.au</u>	
Please send completed form to <u>secretarycpaa@outlook.com</u> or post to PO Box 809, Cooma NSW 2630	
[Signature of Applicant]	[Date]
Second Member 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