PO Box 809 COOMA NSW 2630
Email: secretarycpaa@outlook.com
Phone: 0498 105 537

www.coomashow.com.au
ABN 50 240 081 619

2027 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 or post to PO Box 809, Cooma NSW 2630

Collection of tickets Cooma Showground Wednesday 10 March to Friday 12 March 2027 ☐

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