###### NEW MEMBERS - PLEASE COMPLETE BOTH PAGES OF THIS FORM

# Progress Association membership & Coomba Connections subscription

# 1 July 2021– 30 June 2022

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Options**  **Please mark to indicate your choice** | | | |
| For those wanting a **PRINT COPY** of *Coomba Connections*: | | | **Your selection** |
| **Single** Membership with *Coomba Connections* **Print Copy**,  delivered in local area. | | $20.00 |  |
| Single Membership with *Coomba Connections* Print Copy, posted outside local area. | | $32.00 |  |
| Family Membership with *Coomba Connections* Print Copy, delivered in local area. | | $24.00 |  |
| **Family** Membership with *Coomba Connections* **Print Copy,** posted outside local area. | | $36.00 |  |
|  | |  |  |
|  | | |  |
| **Single** Membership with *Coomba Connections* **Email Copy** | $10.00 | |  |
| **Family** Membership with *Coomba Connections* **Email Copy** | $14.00 | |  |

If you chose to receive a printed copy to be posted outside local area, an   
**ADDITIONAL $12** **has been included** in above prices to cover postage costs.

(Local delivery area is the area from the Coomba Rd. & Lakesway intersection to Coomba Village.)

**DATE …………………. AMOUNT PAID: $**.......................... by cash// cheque online (tick or circle)

PLEASE COMPLETE AND RETURN THIS FORM To either

coombaprogress@gmail.com

Or Coomba Shop with correct payment in an envelope - cash/cheque   
**OR** pay Direct Bank Deposit online,

**Account Name:** Coomba & District Progress Association Inc.

**BSB:** 032 543. **Account No**: 113606

Please use your surname and initial as the bank reference

Your Name: ………………………………………………………………………………………………………………………

Your Phone Number: ………………………………………………………………………………………………………………

Email address: ………………………………………………………………………………………………………………………………

Dear Members

In 2014 Coomba & District Progress Association Inc. amended its Constitution to bring it in line with

requirements of NSW Fair Trading. This form asks for the details that are required on an application for **Membership.**

Applicants for new Memberships or for re-activation of a previous membership that has not been renewed in the past 12 months are asked to complete pages 1 and 2 of this form.

Members who are making an ongoing renewal do not need to complete this form.

Please complete the form and submit it with payment to the Treasurer or Secretary.

Thanks,

Bettina Westaway

**Application for membership**

**COOMBA & DISTRICT PROGRESS ASSOCIATION**

(Incorporated under the *Associations Incorporation Act 2009*)

I/we, …………………………………………………………………………………………………………………………….

[*full name of applicant*]

of ………………………………………………………………………………………………………………………………….

*[home address]*

hereby apply to **become a member**/**s / re-activate a lapsed membership**

*(cross out which does not apply)*

of the above named incorporated association. As a member, I agree to be bound by the constitution of the association for the time being in force.

……………………………………………………………………………………………………………………………………

*(Property address in Coomba area if different from home address)*

……………………………………………………………………………………………………………………………………..

*(e-mail address)*

Home Phone: ………………….................. Mob Phone: ……………………………………………………………..

Date: …………………………………Signature of applicant: *………………………………………………………………………*

Please return this form to the   
\*Association Treasurer, - [coombaprogress@gmail.com](mailto:coombaprogress@gmail.com) OR

\*Association Secretary, - [coombaprogress@gmail.com](mailto:coombaprogress@gmail.com)

\*Or the village shop 11 Kirribilli Rd., Coomba Park.

together with the appropriate fee (in an envelope or similar if cash or cheque),

which also covers your *Coomba Connections*  subscription.

*NOTE. The schedule of fees is shown on page 1, with bank details for electronic banking.*