



SUNSHINE COAST CONTRACT BRIDGE CLUB INC

APPLICATION FOR MEMBERSHIP

Surname:	First name:			
Mailing Address:				
Telephone:	Date of birth (day / month only)			
Email address:				
Proposed by:	Signature:			
Seconded by:	Signature:			
Applicant's ABF Status: <input type="checkbox"/> Never been an ABF member <input type="checkbox"/> Existing ABF member - please make SCCBC my Home club for ABF purposes <input type="checkbox"/> Existing ABF member - my Home club will remain at another club for ABF purposes <input type="checkbox"/> Lapsed ABF member - please re-activate me and make SCCBC my Home club for ABF purposes ABF Number (if existing or lapsed ABF member) _____ Existing club name and number _____ (This is required if you're transferring, or retaining another club as your Home club)				
Emergency contact person - name, address, phone number:				
FINANCIAL YEAR SUBSCRIPTIONS (Current as at January 2020) (Club financial year runs from January to December, ABF/QBA years run April to March.)				
Month of joining → (Tick appropriate box)	Jan - Mar <input type="checkbox"/>	Apr - Jun <input type="checkbox"/>	Jul - Sep <input type="checkbox"/>	Oct - Dec <input type="checkbox"/>
Joining fee	20.00	20.00	20.00	20.00
Annual club membership fee Home Member	50.00	50.00	50.00	25.00
Annual club membership fee Away Member	20.00	20.00	20.00	10.00
Total	\$	\$	\$	\$
<p>I here apply for membership of the Sunshine Coast Contract Bridge Club Inc, and agree to be bound by its rules. I acknowledge that pursuant to the Associations Incorporation Act 1981, the Club carries public liability insurance cover of \$10 million. I also acknowledge that my name and phone number will appear in the annual Program Book that is made available for members only.</p>				
Applicant's signature			Date / /	

- Cash/cheque
- EFTPOS
- Direct deposit BSB 734 243 Account 578723

Accepted at meeting: ____/____/____ MP Secretary: ____/____/____ ABF No issued _____