



REDCLIFFE BRIDGE CLUB INC.

**APPLICATION FOR MEMBERSHIP**

Mr/Mrs/Ms:	Surname:	First Name:		
Residential Address:				
Postal Address:				
Date of Birth:				[year optional]
Telephone Number:			Mobile Number:	
Email Address:				
Proposed by: [PRINT]			Signature:	
Seconded by: [PRINT]			Signature:	
Applicant's ABF Status:				
<input type="checkbox"/> Never been an ABF member <input type="checkbox"/> Existing ABF member – please make Redcliffe Bridge Club 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 Redcliffe Bridge Club my Home club				
ABF Number: [if existing or lapsed ABF member] _____				
Existing Club name and number: _____ <i>(This is required if you are transferring, or retaining another club as your Home club)</i>				
Alternative contact person: Name, address, phone number:				
<b>FINANCIAL YEAR SUBSCRIPTIONS (Current at March 2017)</b>				
(Redcliffe Bridge Club, ABF and QBA financial years run from April to March)				
	<b>Month of Joining -&gt; (Tick appropriate box)</b>	<b>Apr – Sep</b> <input type="checkbox"/>	<b>Oct – Dec</b> <input type="checkbox"/>	<b>Jan – Mar</b> <input type="checkbox"/>
Redcliffe Bridge Club Joining fee	<i>[paid one time only]</i>	\$ 10.00	\$ 10.00	\$ 10.00
Redcliffe Bridge Club Annual Membership subscription		\$ 12.00	\$ 6.00	\$ 3.00
ABF (Australian Bridge Federation) Levy		\$ 15.00	\$ 7.50	
QBA (Queensland Bridge Association) Levy		\$ 15.00	\$ 7.50	
<b>TOTAL FEES</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
<p>I hereby apply for membership of the Redcliffe Bridge Club Inc, and agree to be bound by its rules. I acknowledge that pursuant to the Association Incorporation Act 1981, the Club carries public liability insurance cover of \$20 million. I also acknowledge that my name and phone number will appear in the annual Program Book that is made available to members only. Full details of our OH&amp;S policy are available on request.</p>				
Applicant's signature:			Date / /	

This form should be handed to the Secretary or a Committee member, together with the calculated fee.

**OFFICE USE ONLY**

Accepted at meeting:                      Masterpoint Secretary:                      Pianola Entry:                      ABF Number:

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