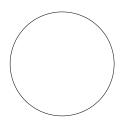


Accepted at meeting:

## REDCLIFFE BRIDGE CLUB Inc. MEMBERSHIP APPLICATION



I hereby apply for ordinary membership of the Redcliffe Bridge Club Inc., and agree to be bound by its Rules and By-Laws. I acknowledge that the Club holds Public Liability Insurance cover of \$20 million and that the Management Committee is required to maintain a Register recording the names and addresses of all members. I also acknowledge that my name and phone number will appear in the Annual Program Book that is made available for all members-unless instructed not to do so.

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APPLICANT DE	<b>TAILS</b> – Please print	details legibly Phone N	umber		
Title Dr / N	Dr / Mr / Mrs / Ms		Male / Fer	Male / Female	
Preferred First Name		Date of Birth (for ABF record	(year - option	onal)	
Family Name		Preferred Phone Number			
Postal Address		'	,		
Email Address					
Emergency Name Contact Only		Phone Number			
Proposed By:		Signature:	Signature:		
Seconded By:		Signature:	Signature:		
Application Date:		Applicant's Sig	pplicant's Signature:		
AUSTRALIAN B	RIDGE FEDERAT	ION STATUS – Please	tick one		
I have never be	en an ABF member				
Existing Memb	er – Please make Redo	liffe my HOME Club			
Existing Memb	er – I wish to join as an	n AWAY member			
Lapsed Membe	r – Please re-activate n	ny membership and make l	Redcliffe my HOME	E Club	
My current	or lapsed Australian B	ridge Federation number is	s:		
2024 FEES AND	LEVIES – Redcliffe	financial year runs from	April to March		
TYPE	January	y - March April	- September	October - December	
Joining Fee (once	only) \$10.00	\$10.00	5	\$10.00	
Home Membership	\$ 0.00	\$10.00	5	\$ 5.00	
Away Membership	\$ 0.00	\$10.00	5	\$ 5.00	
ABF and QBA Lev	vies \$ 0.00	\$40.00	(\$20 + \$20)	\$20.00 (\$10 + \$10)	
TOTAL FEES	\$	\$	5	<b>S</b>	
Club or by bank ti		retary@redcliffebridge. iffe Bridge Club – BSB ence field.			

**Membership Secretary: Pianola:** 

ABF No: