REDCLIFFE BRIDGE CLUB Inc.
MEMBERSHIP APPLICATION

I hereby apply for 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.

APPLICANT DETAILS – Please print details legibly		
Surname:	First Name:	D.O.B. (year optional) / /
Mailing Address:		
Telephone Number:	Mobile Number:	
Email Address:		
PROPOSED BY:	Signature:	
SECONDED BY:	Signature:	

AUSTRALIAN BRIDGE FEDERATION STATUS – Please tick:

☐ I have been a member of these Australian clubs in the past: _____

Have you ever been suspended or banned from any bridge club: ☐ Yes ☐ No

☐ I have never been a member of the Australian Bridge Federation

☐ I am an existing ABF member – please make Redcliffe BC my HOME club

☐ I am an existing ABF member – my home club will remain at another club and I wish to join as an AWAY member

☐ I am a lapsed member of the ABF – please re-activate my membership and make Redcliffe BC my HOME club

☐ My ABF membership number is: _____

EMERGENCY CONTACT – Name and Phone number:

_____

APPLICANT SIGNATURE: _____ Date: / /

2026 FEES AND LEVIES – Redcliffe financial year runs from April to March

TYPE	January - March	April - September	October - December
Joining Fee (once only)	$10.00	$10.00	$10.00
Home Membership	$ 0.00	$14.00	$ 7.00
Away Membership	$ 0.00	$10.00	$ 5.00
ABF and QBA Levies	$ 0.00	$53.20 ($26.60 + $26.60)	$26.60 ($13.30 + $13.30)
TOTAL FEES	**$10.00**	**$**	**$**

Email this form to the Secretary: secretary@redcliffebridge.com.au Payment can be made at the Club or by bank transfer to the Redcliffe Bridge Club – BSB No: 484 799 Account No: 024403550. Please indicate your name in the reference field.

Receipt number: Accepted at meeting: Compscore/Pianola/MyABF: File: ABF Number:

_____ / / / / / / _____

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Amendments to File: …… (Phone, Address, Email, Emergency Contact

DATE	DETAIL CHANGES	PERFORMED BY