



CALOUNDRA CONTRACT BRIDGE CLUB INC

APPLICATION FOR MEMBERSHIP

MONEY MUST ACCOMPANY THIS FORM

Surname:	First name:			
Mailing Address:				
Day & Month of birth ESSENTIAL (year optional)	Telephone:			
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 CCBC 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 CCBC 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)				
Alternative contact person - name, address, phone number:				
FINANCIAL YEAR SUBSCRIPTIONS (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 and membership fee	28.00	28.00	19.00	19.00
ABF Levy	15.00	15.00	15.00	7.50
QBA Levy	14.00	14.00	14.00	7.00
Total	\$	\$	\$	\$
I here apply for membership of the Caloundra Contract Bridge Club Inc, and agree to be bound by its rules.				
Applicant's signature			Date / /	

NOTES:

1. This form should be handed to the Director of the day or a Committee member, together with the calculated subscription fee.
2. If your ABF membership has lapsed, the re-activation fee is based on how long ago it lapsed - if less than 3 months ago nil, 3-12 months ago \$14.00, more than 12 months \$1.10.

OFFICE USE ONLY

Accepted at meeting: ____/____/____ MP Secretary: ____/____/____ ABF No issued ____ - ____ - ____
 Welcome letter: ____/____/____ Compscore2: ____/____/____