



CALOUNDRA CONTRACT BRIDGE CLUB INC

APPLICATION FOR MEMBERSHIP

MONEY MUST ACCOMPANY THIS FORM

Surname:	First name:			
Mailing Address:				
BDay & Month (year optional) -----/-----/-----/ Telephone:				
Email address (PRINT)				
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 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	\$16.00	\$16.00	\$16.00	\$8.00
QBA Levy	\$16.00	\$16.00	\$16.00	\$8.00
Total	\$60.00	\$60.00	\$51.00	\$35.00
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. The committee reserves the right to reject applications in accordance with its legal powers

OFFICE USE ONLY

Accepted at meeting:

MP Secretary:

ABF No issued:

Welcome letter:

Compuscore: