



Caloundra Contract Bridge Club Inc
 P O Box 528
 Caloundra QLD 4551
 (07) 5492 5370



2024 APPLICATION FOR MEMBERSHIP

Surname:		First Name:			
Mailing Address:					
Telephone:		Date of Birth (Day/Month Only):	___ / ___		
Email Address:					
Proposed By:		Signature:			
Seconded By:		Signature:			
Applicant's ABF Status: ___ Never been an ABF Member (Please Tick One) ___ Existing ABF Member : Please make Caloundra my ABF Home Club ___ Existing ABF Member : Please keep my existing Home Club for ABF purposes ___ Lapsed ABF Member : Please re-activate me and make Caloundra my ABF Home Club					
ABF # (If Existing or Lapsed ABF Member): _____ Existing Club and Memb # : _____					
Emergency Contact Person: (Name, Email, Phone)					
FINANCIAL YEAR SUBSCRIPTIONS (Club Year Jan to Dec : ABF / QBA Year Apr to Mar)					
	Joining Month (Tick One) ➔	Jan – Mar _____	Apr – Jun _____	Jul – Sep _____	Oct – Dec _____
Joining Fee		\$10.00	\$10.00	\$10.00	\$10.00
Annual Club Membership (Home Member)		\$60.00	\$60.00	\$60.00	\$30.00
Annual Club Membership (Away Member)		\$20.00	\$20.00	\$20.00	\$10.00
Name Badge (Magnetic : Not With Pacemaker)	Tick _____	\$15.00	\$15.00	\$15.00	\$15.00
Name Badge (Pin : OK With Pacemaker)	Tick _____	\$15.00	\$15.00	\$15.00	\$15.00
TOTAL					
I hereby apply for Membership of the Caloundra Contract Bridge Club Inc and agree to be bound by its rules. I acknowledge that pursuant to the Associations Incorporation Act 1981, the Club carries Public Liability Insurance. I also acknowledge that my name and Contact Details will appear in the Annual Program Book that is made available to Members Only. I also confirm that I have not been excluded from any Bridge Club membership in the last 12 months.					
Applicant Signature: _____ Date: ___/___/____					

Payment (Please Tick One): EFTPOS _____ **OR** Direct Deposit _____ (BSB: 124 038 A/c: 20439132) **OR** MyABF _____

IMPORTANT : For audit reasons, either the Payee's copy of the EFTPOS receipt, or a photocopy of the Club's EFTPOS receipt, **MUST** be attached to this form as proof of payment.
If not attached, approval for Membership cannot be confirmed by the Committee.

Office Use Only:

Accepted at Committee Meeting	___ / ___ / _____	Added to CS2 Database	___ / ___ / _____
ABF Number Issued (_____)	___ / ___ / _____	Welcome Letter	___ / ___ / _____
Name Badge Ordered	___ / ___ / _____	Added to MailChimp Database	___ / ___ / _____