



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



## 2025 APPLICATION FOR MEMBERSHIP

Surname:		First Name:	
Mailing Address:			
Telephone:		Date of Birth :	
Email Address:			
Proposed By:		Signature:	
Seconded By:		Signature:	
ABF Number : _____ HOME MEMBER <input type="checkbox"/> AWAY MEMBER <input type="checkbox"/>			
Emergency Contact Person: (Name, Email, Phone)			
Joining Month → (Tick One)		Jan – Sept _____	Oct – Dec _____
Joining Fee		\$10.00	\$10.00
Annual Club Membership (Home Member) *		\$66.60	\$36.60
Annual Club Membership (Away Member QLD)		\$20.00	\$10.00
Annual Club Membership (Away Member outside QLD)		\$43.30	\$23.30
Name Badge (Magnetic : <b>Not</b> With Pacemaker) Tick _____		\$15.00	\$15.00
Name Badge (Pin : OK With Pacemaker) Tick _____		\$15.00	\$15.00
* QBA Levy - \$23.20 ABF Levy - \$23.30		<b>TOTAL</b>	

**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): MYABF : \_\_\_\_\_ **OR** EFTPOS : \_\_\_\_\_

Accepted at Committee Meeting \_\_\_/\_\_\_/\_\_\_ MyABF Database \_\_\_/\_\_\_/\_\_\_

ABF Number \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ Welcome Letter \_\_\_/\_\_\_/\_\_\_

Club Number \_\_\_\_\_ Name Badge Ordered \_\_\_/\_\_\_/\_\_\_