



Caloundra Contract Bridge Club Inc
 P O Box 528
 Caloundra QLD 4551

(07) 5492 5370



2026 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) *		\$73.20	\$43.20
Annual Club Membership (Away Member QLD)		\$20.00	\$10.00
Annual Club Membership (Away Member outside QLD)		\$46.60	\$26.60
Name Badge (Magnetic : Not With Pacemaker) Tick _____		\$15.00	\$15.00
Name Badge (Pin : OK With Pacemaker) Tick _____		\$15.00	\$15.00
* QBA Levy - \$26.60 ABF Levy - \$26.60		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): MYABF : _____ **OR** EFTPOS : _____

Accepted at Committee Meeting ___ / ___ / _____ MyABF Database ___ / ___ / _____

ABF Number _____ ___ / ___ / _____ Welcome Letter ___ / ___ / _____

Club Number _____ Name Badge Ordered ___ / ___ / _____