



SUNSHINE COAST CONTRACT BRIDGE CLUB INC

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: <input type="checkbox"/> Never been an ABF member <input type="checkbox"/> Existing ABF member - please make SCCBC 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 SCCBC 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)				
Emergency contact - name, address, phone number:				
FINANCIAL YEAR SUBSCRIPTIONS (Current as at October 2013) (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	20.00	20.00	20.00	20.00
Annual club membership fee	15.00	15.00	7.50	7.50
ABF Levy if not currently an ABF member	15.00	15.00	15.00	7.50
QBA Levy if not currently a financial member of another Queensland bridge club	14.00	14.00	7.00	7.00
ABF Re-activation Fee	nil	nil	nil	nil
Total	\$	\$	\$	\$
<p>I here apply for membership of the Sunshine Coast 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 cover of \$10 million. I also acknowledge that my name and phone number will appear in the annual Program Book that is made available to members only.</p> <p>Applicant's signature _____ Date / /</p>				

NOTES:

1. This form should be handed to the Director of the day or a Committee member, together with the calculated subscription fee.
2. You may pay table fees at the member's rate once this application has been submitted. The application will be considered at the next Management Committee meeting. Meetings are scheduled for the second Thursday of every month.
3. ABF Reactivation Fees no longer apply (rescinded November 2013).

OFFICE USE ONLY

Accepted at meeting: ____/____/____ MP Secretary: ____/____/____ ABF No issued ____ _ _ _ _