



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 person – name, address, phone number:	
FINANCIAL YEAR SUBSCRIPTIONS (Current as at January 2024) (Club financial year runs from January to December, ABF/QBA years run April to March.)	
	2024 <input type="checkbox"/>
Joining fee	25.00
Annual club membership fee Home Member	60.00
Annual club membership fee Away Member	30.00
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 for members only.</p>	
Applicant's signature	Date / /

Eftpos

Direct deposit BSB 734 243 Account 578723

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