



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 October 2024) (Club financial year runs from January to December, ABF/QBA years run April to March.) | |
| | 2025 <input type="checkbox"/> |
| Joining fee | 25.00 |
| Annual club membership fee Home Member | 66.60 |
| Annual club membership fee Away Member | 30.00 |
| Total | \$ |
| 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. | |
| Applicant's signature | Date / / |

Eftpos

Direct deposit BSB 734 243 Account 578723

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