



CABOOLTURE BRIDGE CLUB

Membership Application Form

PLEASE PRINT			
SURNAME:	FIRST NAME:	PREFERRED NAME:	
ADDRESS:			POSTCODE:
PHONE NO:	MOBILE:		
EMAIL ADDRESS:			
BIRTHDATE: (FOR ABF USE) include year ONLY if you wish to be included in over 70's stats.		DAY:	MTH: YR:

EMERGENCY CONTACT DETAILS		
NAME	RELATIONSHIP	CONTACT NUMBERS

FEES: AS AT January 2022		
HOME CLUB MEMBER		
JOINING MONTH	JANUARY - SEPTEMBER (annual fee)	OCTOBER - DECEMBER
TOTAL:	\$40.00	\$20.00
NON HOME CLUB MEMBER		
TOTAL	\$10.00	

I hereby apply for membership of the Caboolture Bridge Club Inc. and agree to be bound by its rules.
 I also acknowledge that my name and phone number will appear in the Club Diary.
 All players are required to play in 6 regular club sessions before being eligible to win Honour Board and shield events. Please see your club diary for additional information.
 I acknowledge that pursuant to the Associations Incorporation Act 1981, the Club carries public liability insurance cover of \$20 million.

SIGNATURE:	DATE:
FINANCIAL MEMBER PROPOSING MEMBERSHIP APPLICATION	FINANCIAL MEMBER SECONDING MEMBERSHIP APPLICATION
NAME:	NAME:
SIGNATURE:	SIGNATURE:

I agree to the use of my photograph and name for social media and the purposes of club promotion. Please circle your response below:	
YES	NO

OFFICE USE ONLY				
Receipt No.	Date: ___ / ___ / ___	ABF No.		
M/Register:	Email:	Diary:	Birthdays:	M/Points:

Membership is accepted subject to ratification by the Management Committee.
 Please ask a committee member if you would like to order a club badge.