



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 2026			
HOME CLUB MEMBER			
Joining Fee, for new members only: \$10 - included in the totals below.			
JOINING MONTH	JANUARY - SEPTEMBER (annual fee)	OCTOBER - DECEMBER	
TOTAL:	\$70.00	\$45.00	
NON HOME CLUB MEMBER			
Home Club:	ABF No.	TOTAL	\$25.00

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.
 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					
PAID BY: CASH/ EFTPOS/DD		Date: ___ / ___ / ___		ABF No.	
M/Register:	MYABF:	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.