

UNDERCROFT BRIDGE CLUB INC. - MEMBERSHIP APPLICATION FORM

BLOCK CAPITALS PLEASE

Name.....Known as.....

Address.....Suburb.....

Post Code..... Tele No.....

email.....

Date of Birth dd/mm/.....

Please circle M / F

In Case of Emergency Contact Name.....

Tele No

PRIVACY ACT Are you happy for your telephone number to be published YES / NO

Proposed By :Date..... Please print

Seconded By :Date..... Please print.....

On applying for membership of Undercroft Bridge Club Inc. I agree to abide by the constitution and rules of the club.

Signature.....**Date**.....

CIRCLE ONE OF THE FOLLOWING OPTIONS

1. I am a **new member** without an ABF number

Have you ever been a member of an overseas club ? Yes / No

Country.....Name of club.....

2. I am applying to **transfer** my membership

Name of club transferring from :ABF Number.....

3. I am applying for **Associate Membership**

Name of Home Club :ABF Number.....

4. I am applying to **reactivate** my membership

ABF Number.....

Payment to be included with this application (please circle)

a) Cash and application form placed in an envelope **and** put in the **RED PAYMENT box.**

b) Cheque and application form placed in an envelope and put in the **RED PAYMENT box.**

c) Direct Debit payment slip (please reference your D/D with your surname)

and application form placed in an envelope and put in the **RED PAYMENT box.**

Bank Details:

A/C Name:

Undercroft Bridge Club Inc

BSB:

306 050

A/C No:

419 2547

NOTE: 1 NEW MEMBERS ARE NOT ELIGIBLE TO PARTICIPATE IN RED POINT EVENTS UNTIL THEIR APPLICATIONS HAVE FOLLOWED CLUB PROCEDURE AND RECEIVED COMMITTEE APPROVAL

NOTE 2 ALL APPLICANTS MUST BE ABLE TO SHOW COVID FULLY VACCINATED CERTIFICATE OR EXEMPTION

OFFICE USE ONLY:

Office	Treasurer	Committee	M.P.S.	Membership Sec.
Date				
Signature				