



# 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 .....

Do you consent for your phone number to be provided to members of the club YES / NO

### **By applying for membership of Undercroft Bridge Club Inc.:**

I agree to abide by the club's constitution and comply with the Code of Conduct.

I acknowledge that my name and details may be added to club databases.

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) Electronic Transfer 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      BSB: 066 192      A/C No: 10664197

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

#### OFFICE USE ONLY:

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