

ARANA CONTRACT BRIDGE CLUB INC ABN: 55 570 474 362 MEMBERSHIP APPLICATION FORM Please Print - Complete Both Sides Of Form

Surname:	First Name	e:			
Preferred first name:	Phone:				
Mailing Address:					
Post Code:					
Email:					
Γ					
ABF STATUS)				
I have never been an ABF member.					
My birth day is My birth month is (ABF requirement)					
I am a lapsed ABF member. My number was					
I am an existing ABF member. My number is					
And my home club is					
I wish to transfer to Arana Contract Bridge Club					
FINANCIAL YEAR SUB	SCRIPTIONS				
Arana financial year runs from January to Decer		BA year runs Ap	oril to March.		
	Jan – Dec	Oct – Dec	My Payment		
Joining fee (once only)	\$10	\$10			
Membership fee	\$15	\$7.50			
ABF levy (if Arana is your home club)	\$20	\$10			
QBA levy (if Arana is your home club)	\$20	\$10			
	Т	otal Payable			
Fees may be paid by cash, cheque or bank tr	ansfer to the	Bank of Queer	nsland		
BSB No: 124 084 Acc No: 1015 7971					
My payment is by:					
Signature of applicant	I	D	ate		

Name and Signature of financial member proposing the above applicant

Membership is accepted subject to ratification by the Management Committee. Ratified memberships are advised by email or mail as applicable.

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PRIVACY

Club member names and phone numbers are published in the annual booklet unless otherwise requested.

I want my name in the booklet
i want my name in the bookiet

I do not want my name in the booklet

I want my phone number in the booklet

I do not want my phone number in the booklet.

EMERGENCY CONTACT

Surname:	First Name:
Relationship:	Phone:

OFFICE USE ONLY

Receipt Number
Date Joined
Masterpoints Secretary
МҮОВ
Accepted at Meeting
Membership Register noted
ABF Number issued
Compscore
Welcome email/letter
Badge
or
Badge and Pack

Membership is accepted subject to ratification by the Management Committee. Ratified memberships are advised by email or mail as applicable.