ARANA CONTRACT BRIDGE CLUB INC

ABN: 55 570 474 362

MEMBERSHIP APPLICATION FORM

Please Print - Complete Both Sides Of Form

Surname:	First Name	e:			
	1				
Preferred	Phone:				
first name:					
Mailing Address:					
Post Code:					
Email:					
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 SUBSCRIPTIONS					
Arana financial year runs from January to Decem	ber; ABF/QE	A year runs Ap	oril to March.		
	Jan – Dec	Oct – Dec	My Payment		
Joining fee (once only)	\$10.00	\$10.00			
Membership fee	\$15.00	\$7.50			
ABF levy (if Arana is your home club)	\$16.00	\$8.00			
QBA levy (if Arana is your home club)	\$16.00	\$8.00			
	Т	otal Payable			
Fees may be paid by cash, cheque or bank tra	nsfer to the	Bank of Queer	ısland		
BSB No: 124 084 Acc No: 1015 7971					
My payment is by:					
Signature of applicant	Date				
Name and Signature of financial member pro		and andiaset			

Name and Signature of financial member proposing the above applicant

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PRIVACY

Club n		er names and phone numbers are published ir	the annual booklet unless otherwise			
	l wa	vant my name in the booklet				
	I do	not want my name in the booklet				
	l wa	int my phone number in the booklet				
	I do	o not want my phone number in the booklet.				
EMERGENCY CONTACT						
Surname:			First Name:			
Relationship:		o :	Phone:			
OFFICE USE ONLY						
		Receipt Number				
		Date Joined				
		Masterpoints Secretary				
		MYOB				
		Accepted at Meeting				
		Membership Register noted				
		ABF Number issued				
		Compscore				
		Welcome email/letter				
		Badge				
		or				
		Radge and Pack				