

TAMBORINE MOUNTAIN BRIDGE CLUB INC.

APPLICATION FOR MEMBERSHIP

FULL NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

(If different from above)

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Name Badge Required: YES/NO

Preferred Name for badge: \_\_\_\_\_

Has your membership of another Bridge Club been terminated or application for membership been rejected? YES/NO

Are you or have you been a member of another Bridge Club? If so please provide details of Club(s):

\_\_\_\_\_

To which Club do you intend paying your affiliation fees for Masterpoints: \_\_\_\_\_

If affiliated with the ABF please supply ABF Number: \_\_\_\_\_ MP Rank: \_\_\_\_\_

PROPOSER: NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SECONDER: NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT APPROVED BY MANAGEMENT COMMITTEE: YES/NO DATE: \_\_\_\_\_

IF APPLICATION REJECTED, REASON(S) FOR REJECTION: \_\_\_\_\_

SECRETARY'S SIGNATURE: \_\_\_\_\_

Joining fee: \$  
Annual \$  
QBA Affiliation: \$  
ABF Affiliation: \$  
TOTAL \$