



APPLICATION for MEMBERSHIP 2019

TITLE: _____ NAME: _____ ABF No: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: (H) (M)

EMAIL: _____

DATE OF BIRTH: ____/____/____ ****Please note the ABF requires at least the day and month****

If you have ever been a member of a club outside Australia please complete details below.

Country: _____ Club: _____ Player No: _____

TICK ONE BOX ONLY

I have never been issued with an ABF number (anywhere in Australia) []

I wish to activate my ABF number (only if your ABF number is inactive) []

I wish to transfer & make WABC my Home Club []

I wish to have Alternate Membership (WABC will not be your Home Club) []

NOMINATION FEE - NEW MEMBERS \$50.00 []

REJOINING FEE - PRIOR MEMBERS \$30.00 []

1 JANUARY – 31 DECEMBER \$70.00 []

1 APRIL – 31 DECEMBER \$52.50 []

1 JULY – 31 DECEMBER \$35.00 []

1 OCTOBER – 31 DECEMBER \$17.50 []

ENCLOSED IS MY NOMINATION FEE & SUBSCRIPTION FEE

CASH [] CHEQUE [] DIRECT DEPOSIT []

BSB: 066 105

Account Number: 0090 1275

REF: (Your full name)

TOTAL RECEIVED: \$

POSTAL ADDRESS: PO BOX 591 COTTESLOE WA 6911

TELEPHONE: (08) 9284 4144

EMAIL: bridge@wabridgeclub.com.au

WEBSITE: www.wabridgeclub.com.au

CONDITIONS OF MEMBERSHIP

BY SIGNING THIS APPLICATION FORM THE APPLICANT:

- AGREES TO ABIDE BY THE RULES OF THE CLUB AS LAID DOWN BY THE CLUB’S CONSTITUTION
- ACKNOWLEDGES CLUB COMMITMENTS TO HOST BRIDGE EVENTS FOR GOVERNING BODIES SUCH AS BAWA AND THE ABF.

SIGNED: _____ DATE: _____

PROPOSED BY: _____ SECONDED BY: _____

PLEASE PRINT

PLEASE PRINT

IN CASE OF EMERGENCY

1: NAME: _____ PH:

MOB:

2: NAME: _____ PH:

MOB:

PREFERRED PUBLIC HOSPITAL: _____

ANY EXISTING MEDICAL CONDITION AND RELEVANT MEDICATION YOU WISH US TO KNOW ABOUT:

DETAILS WILL BE KEPT ON FILE AND AVAILABLE FOR USE **IN EMERGENCY SITUATIONS ONLY**

OFFICE USE ONLY

RECEIPT

ABF

MYOB

EMAIL

ICE

HANDBOOK

PIANOLA

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