



Mentoring is available only to those joining from the Andy Hung beginner or Rookie classes Preferred start date:
 Preferred session: Mon 12:30pm Wed 7:15pm Fri 9:30am

APPLICATION for MEMBERSHIP

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 []

Players under the age of 25 receive a 50% discount on all membership fees

1 JANUARY – 31 DECEMBER Home Club \$70.00 [] Alternate Club \$40.00 []

1 APRIL – 31 DECEMBER Home Club \$52.50 [] Alternate Club \$30.00 []

1 JULY – 31 DECEMBER Home Club \$35.00 [] Alternate Club \$20.00 []

1 OCTOBER – 31 DECEMBER Home Club \$17.50 [] Alternate Club \$10.00 []

ENCLOSED IS MY NOMINATION FEE & SUBSCRIPTION FEE

EFTPOS []

CASH []

CHEQUE []

DIRECT DEPOSIT []

BSB: 066 105

Account Number 0090 1275

REF: (Your full name)

TOTAL RECEIVED: \$

CONDITIONS OF MEMBERSHIP

BY SIGNING THIS APPLICATION FORM THE APPLICANT:

- AGREES TO ABIDE BY CLUB POLICIES, CODES OF CONDUCT AND 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.
- **AFFIRMS THEY ARE DOUBLE VACCINATED AGAINST THE COVID-19 VIRUS OR HAS AN AUTHORISED MEDICAL EXEMPTION & IN EITHER CASE WILL PROVIDE PROOF WHEN ASKED.**

SIGNED: _____ DATE: _____

PROPOSED BY: _____ SECONDED BY: _____

PLEASE PRINT

PLEASE PRINT

IN CASE OF EMERGENCY

1: NAME: _____ PH:

MOB:

2: NAME: _____ PH:

MOB:

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 NAME BADGE

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