

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 _____

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 Sub: \$
QBA Affiliation: \$
ABF Affiliation: \$
TOTAL \$

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