



Membership Application Form

Title Given Names Surname

Name: Preferred 1st Name:

Address: Postcode:

ABF Number (If applicable): Phone No: E-mail:

Date of Birth (at least the Day and Month MUST be included\*):

\* This is a mandatory requirement of the Australian Bridge Federation.

The following Does Not Apply to residence of the Anglican Retirement Village, Castle Hill, wishing to become Home Club Members, nor to existing Non-Home Club Members wishing to transfer to Home Club Membership.

I hereby apply to become a Member of the ARV Bridge Club (as NOMINATED below in the MEMBERSHIP DEFINITIONS) and agree to be placed on a waiting list for approval by the Committee. I accept that approval of my application will be based on: my conduct at the bridge table with regards to my attitude and courtesy to others (as defined by The Laws of Duplicate Bridge - Law 74), and to the regularity of my attendance at the ARV Bridge Club during the waiting period. In the event of my admission as member I agree to be bound by the rules of the club.

Signature of Applicant: Date:

Proposed by: I, am a member of this club and nominate the above applicant, who is personally known to me, for membership to our club

Signature of Proposer: Date:

Seconded by: I, am a member of this club and second the nomination of the above applicant, who is personally known to me, for membership to our club.

Signature of Seconder: Date:

For Official Use Only: Tick one of the following boxes.

MEMBERSHIP DEFINITIONS

Signature of Official:

- 1. NEW PLAYER (never before been issued with ABF number)
2. TRANSFER PLAYER (player registered elsewhere wants to make our club their Home Club)
3. ACTIVATE PLAYER (inactive player wishing to reactivate their ABF status by joining our club as a Home Club Member)
4. ADD TO REPORTS (for Non-Home Club Members only, also Referred to as Alternate Members)

Joining Fee \$ 25.00 (waived for Residents)

ANNUAL SUBSCRIPTION:

Annual Fee
Home Club \$35.00
Alternate Club \$ 20.00
(1/2 price after 1st July)

New Member's Name

Date Paid

Amount Paid

Received/Signed By:

MEMBERSHIP APPROVAL

Approved by the Committee: Signature of President: Date: