TOWNSVILLE BRIDGE CLUB Inc.

APPLICATION FOR MEMBERSHIP

Please comple	ete the f	ollowing details:			
NAME:					
	Title	Given Names	Surname		Preferred Name
ADDRESS:					
					(Postcode)
TELEPHONE:	(Home)		(Work) _		_
MOBILE:					
EMAIL:					
DATE OF BIRT	н:	///	(Y	ear Optional)	
TYPE OF MEM	1BERSHII	P: MEMBER / NC	N HOME CLUB I	MENBER (Circle O	ne)
purposes and	pay ABF	ave Townsville Bridge Cl and QBA affiliation fee ay their affiliation fees t	s through this cl	ub. Non Home Clu	·
MASTERPOIN	T DETAII	LS			
Have you ever	r had an	ABF Masterpoint numb	er?	YES / NO	
ABF Masterpo	int num	ber (if known):	_		
ABF Masterpo	oint Statu	us (e.g. Local, State etc):			
Last club (not 1	Townsville	Bridge Club) where you v	vere an ABF regi	stered player:	
		Previous	Club Number (i	f known):	
CLUB INVOLV	ER 4ERIT				

CLUB INVOLVEMENT

The Club is operated/managed by volunteers. If available, you are encouraged to become part of the Club by joining one of our Teams. These are: **Conduct of Play, Provisions, Facilities, Player Development, Competitions** and **Preparation for Play.** For more details about the activities of these teams, contact the Club Secretary.

SIGNATURE	OF APPLICANT:		//	
SECONDED BY	Name:		//	
				_
OFFICE US	SE ONLY			
Please tick, da	te and initial each step as it is completed.			
	red on Comp Score ned Club Number			_
	ls sent to ABF ned ABF Number			_