

Bunbury Bridge Club Inc.
Application for Membership/Associate Membership

I wish to become a member of the Bunbury Bridge Club Inc.
If accepted I agree to support the objects and purposes of the Club.

Surname _____ Given Name _____

Address _____

Email Address _____

Telephone No. _____ Mobile Number _____

Date of Birth _____

Emergency Contact Person _____

Emergency Phone Number _____

Any Health Issues requiring Medication

ABF Number (if applicable) _____

Are you a member of any other bridge club(s)? _____

If 'yes' which? _____

Nominated by: _____
(Member of Bunbury Bridge Club)

Signed by Nominator:

Signed by Applicant:

Date _____

Date _____

Subscription \$50.00 (pro rata for New Members)

Subscription \$30.00 for Associate Membership

Payment received \$ _____ Signed _____ Date _____

Application for Membership/Associate Membership approved/not approved by the Committee:

Signed _____ Date _____
(President or Secretary)