



THE BRIDGE ACADEMY

Chairman: Narendra Dhana **Secretary:** Daxa Shah
57 Penshurst Gardens, Edgware, Middx, HA8 9TT
the.bridge.academy.2@googlemail.com

MEMBERSHIP APPLICATION FORM

TITLE ____ FIRST NAME: _____ MIDDLE NAME: _____

SURNAME: _____

ADDRESS: _____

POST CODE: _____ GENDER: *Male / Female* (delete not applicable)

HOME TEL. _____ WORK TEL. _____

MOBILE _____ E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ (EBU number: _____)

HOW LONG HAVE YOU BEEN PLAYING DUPLICATE BRIDGE AND WHAT SYSTEMS:

ANNUAL SUBSCRIPTION FALLS DUE FOR PAYMENT ON 1st January.

I declare to adhere to THE BRIDGE ACADEMY'S policy and procedures and comply with members responsibilities.

SIGNATURE: _____ DATE: _____

PROPOSER

SIGNATURE: _____

SECONDER

SIGNATURE _____

NAME: _____ NAME _____

Both proposer and seconder must be full members of the club and insert their full names.

Membership application is subject to vetting procedures.

Please inform the secretary of any change in the above details during the year.

For the purpose of club administration I authorize the secretary to divulge the following:
(please circle as appropriate)

Home phone number Mobile number email Address NOTHING

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FOR OFFICIAL USE ONLY

Form no: **TBA30**

1. Payment :

Joining fee (if applicable) _____ Annual _____ Date Paid(receipt no.) _____

2. Membership Number: _____

3. Date DATABASE updated _____