



BRIDGE ON THE EDGE, INC.
*A NOT FOR PROFIT BRIDGE CLUB OWNED BY ITS MEMBERS
 SERVING THE ST. JOHN'S DUPLICATE BRIDGE COMMUNITY*

Membership Application

First Name: _____ Surname: _____

Address: _____

Town/City: _____ Postal Code: _____

E-mail address: _____

Home Telephone: _____ Cell: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

ACBL#: _____ MASTER POINTS _____

Would you like to receive Club communications through email? Yes _____ No _____
E-mail and the club's website are the primary means of advising members of schedules for games and classes. You can cancel e-mail communications at any time.

The club provides the ACBL (American Contract Bridge League) and other bridge organizations with information about the games played within the club. This includes player's names and the results of bridge games. From time to time the Club also publishes the names of members in conjunction with information about their master point status and other bridge-related awards. The club may also use or release members' contact details (telephone number and email address) to assist other members in arranging partnerships. With these exceptions, the Club will not use or release members' personal information without permission for any purposes other than internal administrative requirements such as accounting procedures, scheduling of volunteers or notifying members of activities.

I am applying for: _____ Full Paid Membership _____ Registered Participant

A paid membership gives you...

- A complimentary nametag and some reduced game costs at specified periods of time
- The right to vote in club elections or referenda and to serve on club committees and boards
- The right to access member-only sections of the club's website
- The right to be notified of and to participate in all club activities

Registered Participant allows you to register for games and/or lessons.

By completing this form, I agree to abide by the Bridge on the Edge Constitution and to follow the club's Etiquette Policy. I also consent to the use of my personal information as described above.

Signature of applicant: _____ Date: _____

Areas of Interest (Tick all that apply)

Director in Training: _____ Mentoring: _____ Dealing Machine: _____ Website: _____ Accounting: _____

Other (please specify) _____