

Blue Mountains Bridge Club Incorporated

Inc No: Y1532635

Membership Application Form

Name : _____
(Given) (Surname)

Email Address (preferred) : _____

Postal or Residential Address : _____

Phone (optional): _____

Date of Birth (optional) DD/MM/YY : _____

Emergency Contact: Name _____ Phone: _____

Do you currently belong to another Bridge Club YES/NO

If yes, please specify : Club Name _____

ABF Number _____

Do you wish to : (please circle)

- (a) transfer full membership to Blue Mountains Bridge Club
- (b) apply for Associate Membership of Blue Mountains Bride Club

I agree to abide by the Constitution and By-laws of the Blue Mountains Bridge Club Inc.

_____ (Signed) / / (Date)

Please email form to : secretary@bluemountainsbridge.com.au
or post to Blue Mountains Bridge Club, PO box 402, Katoomba NSW 2780
or hand to a committee member

OFFICE USE ONLY

Approved by (Committee Member) _____ Date: _____

Membership Fee Paid \$ _____ Date: _____