

COLUMBIA BRIDGE CLUB

2020-2021 MEMBERSHIP

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number and Street)

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip Code)

CELL PHONE: \_\_\_\_\_ ACBL NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDAY MONTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DUES: AMT PAID: \_\_\_\_\_ CASH / CHECK Number: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

BW ENTRY BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CC ENTRY BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DB ENTRY BY: \_\_\_\_\_ DATE: \_\_\_\_\_ NEW MEMBER: yes / no

CBC DUES RECEIPT

REC'D BY: \_\_\_\_\_  
CASH / CHECK NO: \_\_\_\_\_

DATE: \_\_\_\_\_  
PAID: \_\_\_\_\_

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CBC DUES RECEIPT

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CASH / CHECK NO: \_\_\_\_\_

DATE: \_\_\_\_\_  
PAID: \_\_\_\_\_