

THE ILLAWARRA BRIDGE ASSOCIATION INC.
(Incorporated under the Associations Incorporations Act 1984)

MEMBERSHIP APPLICATION

I,
(full name of applicant)

Preferred Name.....

of
(address)

..... Post code

Phone: Email.....

hereby apply to become a member of the above-mentioned association. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

.....
(Signature of applicant) Date

Are you a Pensioner/Concession Card Holder? Yes / No

ABF number (if already registered) Home Club.....

Date of Birth (Year optional)
[Date of birth is required by the ABF to prevent accidental duplicate memberships]

I am happy to have my phone number listed in the Club Calendar.

I....., being a member of the Association, second the nomination of the applicant, who is known by me, for membership of the Association.

.....
(Signature of seconder)

Committee Approval: 1)(2)

IBA use:

- | | |
|--|---|
| 1. <input type="checkbox"/> Club Calendar supplied | 5. <input type="checkbox"/> ABF/Club number assigned |
| 2. <input type="checkbox"/> Treasurer Fees paid | 6. <input type="checkbox"/> ABF Number entered on Pianola |
| 3. <input type="checkbox"/> Treasurer Data base | 7. <input type="checkbox"/> Registered with MyABF |
| 4. <input type="checkbox"/> Committee endorsement | 8. <input type="checkbox"/> Secretary Filed |