EAST COAST BAYS BRIDGE CLUB (INC)

P. O. Box 65-131, Mairangi Bay 0754 GST13-719-497
Email: info@ecbbridgeclub.co.nz

MEMBERSHIP APPLICATION FORM

(Mr, Mrs, Ms, or Miss) _____ _____

First Name Surname

Name on Badge _____ _____

Address: _____ _____

Postcode

Phone Numbers: Home_____ Mobile_____

Email Address: _____

Emergency Contact: _____ Phone: _____

BRIDGE EXPERIENCE

Current Membership [ ] **or** Previous Membership (resigned) [ ] **or** Overseas Experience [ ]

Name of Club _____ NZ Bridge No. _____

If you intend to retain membership at another club please nominate your "Home Club"

Home Club: _____

[ ] No Bridge Experience [ ] Social Bridge [ ] Experienced Club Player

If the committee of the club approves my application I agree to abide by all the club's rules.

I agree to top up my Compass account at the club to keep the balance in credit at all times.

I understand that the above data may be retained by the club and used for bridge related matters in accordance with the provisions of the Privacy Act.

Signature of Applicant: _____ Date: _____

Please pay the subscription fee by internet banking to: East Coast Bays Bridge Club Inc.

Kiwi Bank 38 9015 0784953 00 using your name as a reference

Subscriptions are calculated from date of joining and include GST**:**

Type	**Full Home Club Member**		**Associate Member (Member with another Home Club)**	
Full Year	$80		$60	
Badge (Optional)	$12		$12	
Total Paid	**$**		**$**	

Office Use Only

*Signature of Receiver*_____ *Date* _____

Office Use Payment Received _____ *Bridge Number* _____

Membership Approved Date _____