



APPLICATION FOR **AWAY** MEMBERSHIP 2025 – 12 MONTHS

Northern Suburbs Bridge Club Incorporated

Use this form until 30th September 2025

1.0 Applicant Details – Please Print Legibly

| | | |
|----------------|--|--|
| Title (if any) | Date of Birth *: | |
| First Name | Preferred Name: | |
| Last Name | | |
| Contact Number | NFP <input type="checkbox"/> Tick if you do not want your <u>phone numbers</u> listed in the Club Programme | |
| Mobile Number | | |
| Address | | |
| Suburb | Postcode | |
| Email | | |

* **DOB** required for ABF identification purposes

2.0 Emergency Contact Details

| | |
|---------------------------------|----------------|
| Name: | Contact Number |
| Relationship to you (optional): | Mobile Number |

3.0 Australian Bridge Federation and Queensland Bridge Association Club Affiliation

3.1 **If you are a current member of an ABF or QBA affiliated Club, complete this section.**

| | |
|-------------------|--|
| Current Home Club | |
| ABF Number | |

3.2 **If you are not a current member of an ABF or QBA affiliated Club, complete this section.**

| | | |
|---|------------------------------|-----------------------------|
| Have you been a member of any Bridge Club in Australia in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please list Club(s) | | |
| ABF Number (if known) | | |

3.3 **Suspension from any Bridge Club**

| | | |
|--|------------------------------|-----------------------------|
| Have you ever been suspended or banned from any Bridge Club? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please list Club(s) | | |
| Reason for suspension | | |

4.0 Confirmation of Application (all 3 signatures required when submitting form)

I hereby apply for membership of the Northern Suburbs Bridge Club Inc (“Club”) and undertake to abide by the Constitution and By-Laws of the Club. **Applicants are advised that NSBC Inc holds public liability insurance cover, through ABF, to the value of \$20,000,000.**

| | |
|--------------------------------------|-----------------------|
| Applicant Signature | Date |
| Proposed by NSBC member (Print Name) | Proposed by Signature |
| Seconded by NSBC member (Print Name) | Seconded by Signature |



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5.0 SUBSCRIPTIONS AND LEVIES PAYABLE – (GST inclusive)

| FEES and DUES (12 months) 1 st February – 31 st January | | |
|---|---|---|
| AWAY Member – Pay your ABF and QBA annual fees via another club | | <i>Circle amounts to be paid and total at end</i> |
| NSBC Joining Fee – If you have taken NSBC classes this year, pay \$0 | | \$12.00 / \$0 |
| NSBC Annual Membership / Subscription Fee (All members) | + | \$15.00 |
| ABF Annual Levy (Paid through your home club, not NSBC) | + | \$0.00 |
| QBA Annual Levy (Paid through your home club, not NSBC) | + | \$0.00 |
| NSBC Name Badge (optional) | + | \$15.00 / \$0 |
| TOTAL PAYABLE (Add circled numbers) | | |

Full payment must be received before your Membership Application can be processed

| | |
|--|---------------------------|
| Payment may be made by EFTPOS in the club office, or via direct bank transfer to: Account Name: NSBC BSB: 484 799 Account Number: 052 872 722 Reference: Your Surname & ABF Number (if known) | AMOUNT: DATE PAID: |
|--|---------------------------|

6.0 MyABF

| | |
|---|---|
|  | NSBC is a cashless club. Payments for games and competitions are made through the MyABF platform . Please sign up at www.myabf.com.au as soon as possible, using your ABF number. If you require assistance or further information, email the NSBC Office Administration at admin@nsbc4011.com.au or phone 07 3268 7656. |
|---|---|

Office Use Only below the Line

| | | |
|-----------|-----------|----------------------|
| President | Secretary | Membership Secretary |
|-----------|-----------|----------------------|

| Office Use Only | | |
|--|---|---|
| <input type="checkbox"/> Payment Received | <input type="checkbox"/> MyABF Member Entry | <input type="checkbox"/> Committee Approval & Signatures |
| <input type="checkbox"/> MPC Check & Entry | <input type="checkbox"/> Membership Listing S/S | <input type="checkbox"/> EOM Member Listing * Noticeboard * Newsletter |
| <input type="checkbox"/> CompScore Players Entry | <input type="checkbox"/> Application Received Letter sent | <input type="checkbox"/> File * Initial Form in "Office Use Only" section * File Forms |
| <input type="checkbox"/> CompScore Entry | <input type="checkbox"/> Welcome Letter sent | |
| <input type="checkbox"/> Membership Card | <input type="checkbox"/> Name Badge ordered (if requested) | |