

# AUSTRALIAN BRIDGE DIRECTORS ASSOCIATION

## Application for Membership of the ABDA

I wish to apply for membership of the Australian Bridge Directors Association:

NAME (please print).....ABF No.....

ADDRESS .....

.....State.....PostCode .....

Phone ( ) ..... Mobile .....

Home Club .....

E-Mail .....

I have directed at least ten sessions of duplicate bridge, and am therefore entitled to become a Full member of the Association. YES / NO

If answering NO, you will be given Associate membership.

My Director Grading (where applicable): .....

I enclose \$25.00 (Please make cheques payable to "ABDA" or "Australian Bridge Directors Association" as full payment of the Annual Subscription for the appropriate category of membership

( FULL / ASSOCIATE ), as established in the Association's Constitution.

Signed ..... Date .....

We cannot accept payments by credit card.

Please return this form with \$25 in cash or cheque only to:

Rick Nehmy  
ABDA Treasurer  
PO Box 9457  
DEAKIN  
ACT 2600

Ph 0406 751 249  
Email [dianrick@hotmail.com](mailto:dianrick@hotmail.com)