

ABF Youth Bridge Club Application for Membership

Please complete all details

Last Name						
Given Name						
Date of Birth (d	ld/mm/yy)				Sex	
Address: N	lo. Street					
	Suburb					
	State		Pos	stcode		
Phone Numbers: Mobile				H or	W	
Email Address: (write legibly)						
Most frequently visited club(s)	,					
Where did you l (<i>e.g.</i> Home, Uni	-					
ABF Number (if applicable)						
In which year di	id you lear	n?				

Note 1: In signing this document, you agree to abide by all rules of conduct which apply to all ABF Tournaments and as apply to members of any affiliated clubs in which you compete.

Note 2: Your membership will automatically expire on January 1 in the year after you turn 26. You will need to join another club in order to continue receiving masterpoints.

This form must be countersigned by your state/territory's youth coordinator or equivalent.

Signature of Applicant

Signature of Youth Coordinator

Completed form to be emailed to: <u>masterpoints@abf.com.au</u>

or posted to:

Mr David Weston ABF Masterpoint Centre PO Box 2439 North Parramatta NSW 1750