

2023 MEMBERSHIP SUBSCRIPTION/RENEWAL APPLICATION

1. APPLICANT/MEMBER INFORMATION

| | | | |
|--|------------|------------|------|
| Title: | Name: | ABF No: | |
| Home address: | | | |
| City: | State: | Post Code: | Sex: |
| Date of birth: | Phone (H): | Mobile: | |
| Preferred Contact Number: Home/Mobile/Other (please specify): | | | |
| Email: | | | |
| Occupation (optional): | | | |

2. EMERGENCY CONTACT

Please note the name and contact details of someone we can contact if needed:

| | | | |
|---------------|--------|------------|--|
| Name: | | | |
| Address: | | Phone: | |
| City: | State: | Post Code: | |
| Relationship: | | | |

3. MEMBERSHIP FEES INCLUDES ABF REGISTRATION (\$15) AND STATE CAPITATION (\$10.75)

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|------------------------------------|---------|------------------------------------|---------|
| Will the VBA be your home club? | | If not, home club is: | |
| <u>VBA HOME CLUB MEMBER</u> | | <u>VBA ASSOCIATE MEMBER</u> | |
| Ordinary Member | 60.00 | Ordinary Member | \$35.00 |
| Concession** Member | \$50.00 | Concession** Member | \$25.00 |

**Concession membership is available to Pension Card holders, Full time students and members/applicants whose primary place of residence is more than 70km from the Melbourne GPO.

4. PAYMENT OPTIONS

Payment may be made by any of the following methods:

- Cheque made payable to the Victorian Bridge Association Ltd and returned with this form.
- Cash in person at the VBA Clubrooms during office hours.
- Credit card (Mastercard or Visa only) by completing the details below:

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|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|
| Name on card: | | | | | | | | | | | | | | | | | | | | | |
| Card No: | | | | | | | | | | | | | | | | Expiry Date: | | | | | |

5. COMMUNICATION WITH MEMBERS

Our primary form of communication with members is email. If you do not have an email address, official notices will be sent to you by post.

6. SIGNATURES

I consent to my name and preferred contact number being published in the VBA calendar.

I consent to my preferred contact number and email being made available to other members on Pianola (members may change this option on Pianola at any time).

| | | |
|-------------------------|--|-------|
| Signature of applicant: | | Date: |
| Nominated by: | | |
| Seconded by: | | |