

**CROCKFORDS BRIDGE
CLUB INC**

218 Riccarton Road
CHRISTCHURCH 8041



PHONE: (03) 348-7478

EMAIL:
secretary@crockfordsbridgeclub.nz

www.crockfordsbridgeclub.nz

APPLICATION FOR MEMBERSHIP

NAME: (Mr, Mrs, Ms)

ADDRESS: (include post code)

PHONE: Home:

Mobile:

Email:

Proposed by:

Seconded by:

If accepted, I agree to be bound by the rules of Crockfords Bridge Club which are contained in the Clubs' Constitution: <http://crockfordsbridge.co.nz/constitution> including the Club's "Code of Conduct". Please note: your name and phone number will appear in our match programme booklet unless otherwise advised.

Photo Consent: Photos may be used in any Crockford Bridge Club promotional materials, in both print and electronic media, such as websites and social media.

Please indicate your consent.

Y / N

Applicant's signature:

Date:

Date of Birth: (please include DoB for Youth/Students - under 23/fulltime)

DoB:

Payment can be made into CROCKFORDS BRIDGE CLUB a/c: 0

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Do you presently belong to another club?

If so, which club?

Which club do you nominate to be your home club?

Grade applied for:

If applicable, what is your computer number?

Previous bridge playing experience:

Name and contact details of person to be contacted in an emergency:

For office use only:

Approved:

Added to Distribution List:

Computer Number:

Name tag:

NZCBA notified:

Entered on Scorer:

Invoiced:

Entered on XERO:

Programme:

Entered to Email: