**Please complete all details**

|  |  |
| --- | --- |
| Last Name |  |

|  |  |
| --- | --- |
| Given Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth (dd/mm/yy) |  | Sex |  |

|  |  |  |
| --- | --- | --- |
| Address: | No. Street |  |

|  |  |  |
| --- | --- | --- |
|  | Suburb |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | State |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Numbers: Mobile |  | H or W |  |

|  |  |
| --- | --- |
| Email Address:(write legibly) |  |

|  |  |
| --- | --- |
| Most frequently visited club(s) |  |

|  |  |
| --- | --- |
| Where did you learn to play bridge? (*e.g.* Home, Uni, School, Club) |  |

|  |  |
| --- | --- |
| ABF Number (if applicable) |  |

|  |  |
| --- | --- |
| In which year did you learn? |  |

**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 25. 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 beemailed to: **masterpoints@abf.com.au**

 or posted to: **Mr David Weston**

**ABF Masterpoint Centre**

**PO Box 2439**

**North Parramatta NSW 1750**