## The Gap Chess Club Inc.

## **Membership Application 2017**

Surname:				
Given Names:				
Address:				
		Postco	ode:	
Phone:				
email (if any):				
Date of birth:				
Status (circle whiche	ever is applicable):	1. Senior	2. Junior	
Note: To be entitled to ju	unior membership in 20	017 you must be	born on or after 1 J	an 1999.
List of fees for	<sup>.</sup> 2017 (please	select as	s applicable	)
Club membe Note: Night fees for 201 \$2 for Juniors (\$3 Junior			\$	
CAQ membe Note: For rating purpose to the Flood Cup, One H	es, CAQ membership i		\$ r entrants	
Entry to all 2	017 tournaments	(\$5)	\$	
Total of this	invoice		\$	
I wish to apply for memb membership and tournar (see <a href="www.caq.org.au">www.caq.org.au</a> ) ar my personal information purposes of maintaining and my contact details b advising me of coming e	ment fees payable. I ag nd agree to abide by the being passed to the A national rating lists an eing passed to chess	gree to be bound ne decisions of th ustralian Chess d forwarding to i	d by the CAQ Code one Director of Play. I Federation Inc for the The news of general in	of Conduct consent to ne interest,
Signature:		Date:		

**Privacy Policy:** Your personal details will be entered in a secure database, kept up-to-date and not revealed to any third party without your consent. At any time you may request a review or amendment of your personal details.