The Gap Chess Club Inc.

Membership Application 2018

Surname:				
Given Names:				
Address:				
		Postco	ode:	
Phone:				
email (if any):				
Date of birth:				
Status (circle whiche	ver is applicable):	1. Senior	2. Junior	
Note: To be entitled to ju	nior membership in 20)18 you must be	born on or afte	er 1 Jan 2000.
List of fees for	2018 (nlease	select as	s annlical	hle)
Note: Night fees for 2018 \$2 for Juniors (\$3 Junior CAQ member Note: For rating purpose	non-members) r ship (\$20) s, CAQ membership is	bers); s compulsory fo	\$ r entrants	
to the Flood Cup, One H	our and Allegro tournal 018 tournaments (\$	
Total of this i	nvoice		\$	
I wish to apply for member membership and tournan (see www.caq.org.au) and my personal information purposes of maintaining and my contact details be advising me of coming expressions.	nent fees payable. I ag id agree to abide by the being passed to the Au national rating lists and eing passed to chess c	gree to be bound e decisions of th ustralian Chess d forwarding to r	d by the CAQ C he Director of P Federation Inc me news of gen	ode of Conduct lay. I consent to for the leral 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.