## The Gap Chess Club Inc.

## **Membership Application 2024**

Surname:			
Given Names:			
Address:			
		Postcode: _	
Phone:			
email (if any):			
Date of birth:	·		
List of fees	for 2024 (pleas	se select as ap	plicable)
Club membership \$20			\$
CAQ men Individual Family	nbership (options b \$20 / 1 Year \$40 / 1 Year	\$50 / 3 Years	<b>\$</b>
	poses, CAQ membership ne Hour, Allegro and Mar		
Yes No	I agree to be listed in	n the membership list o	on the CAQ website
Night Fee: \$20 per tournament			\$
Note: Night fees are	e collected at \$5 per night	t if a player opts to not pa	ay the tournament fee.
Total of this invoice			\$
membership and tou (see <u>www.caq.org.al</u> my personal informa purposes of maintair	embership of The Gap C urnament fees payable. I u) and agree to abide by tion being passed to the ning national rating lists a ills being passed to chess ng events.	agree to be bound by the the decisions of the Dire Australian Chess Federa and forwarding to me new	e CAQ Code of Conduct ector of Play. I consent to ation Inc for the ws of general 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.