



QUILTERS' GUILD OF SOUTH AUSTRALIA INC.
 ABN 95 158 292 747

Office use only

Receipt No:

.....

Date:

GROUP MEMBERSHIP FORM

(This form must be submitted with every Group Membership payment)

NAME OF GROUP: _____ **Group No** _____

CONTACT PERSON: _____ **Phone:** _____

LIBRARIAN: _____ **Phone:** _____

Would you like the above contact details published in *I-Patch* and on the Website? YES / NO

Group Postal address: _____

_____ **State:** _____ **Postcode:** _____

Email: _____

Meeting Place: _____

Day/s: _____ **Times:** _____

Membership Fees <i>Choose one of the options →</i>	Number	July 2021 - Dec 2021 <i>(6 months)</i>	OR	Jul 2021 - Dec 2022 <i>(18 months)</i>	AMOUNT
Group Membership Fee (compulsory)		\$30.00	OR	\$90.00	\$
Public Liability Insurance Contribution (not applicable to full Guild members)					
TOTAL number of NON-GUILD members@	\$3	OR	\$9	\$
TOTAL					\$

Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Direct Deposit banking details Bank: Bank SA BSB: 105 051 Account number: 207 144 540 Account name: Quilters' Guild of SA Inc Reference: Group Name and Membership number Transaction Date: _____ Notification to: banker.saquilters@gmail.com
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Credit Card Details Card No.: _____: _____: _____: _____ Expiry date ____/____

Cardholder's name: (please print) _____

Signature: _____

Check list before posting <input type="checkbox"/> List of ALL members' names and contact details <input type="checkbox"/> Cheque included/Direct Deposit details <input type="checkbox"/> Membership form completed <input type="checkbox"/> Stamped, self-addressed DL sized envelope	Send to: Accounts Department, Quilters' Guild of SA Inc. PO Box 993, KENT TOWN SA 5071 Enquiries to: banker.saquilters@gmail.com
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please forward a copy of this form to the banker by post, email or deliver at any Guild meeting