



**QUILTERS' GUILD OF SOUTH AUSTRALIA INC**

ABN 95 168 292 747

**GROUP MEMBERSHIP APPLICATION and INSURANCE DETAILS**

TAX INVOICE

**NAME OF GROUP:** \_\_\_\_\_ **Group No:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

(For *Patches* labels and for publication in *Patches* and on the Website if permission given below)

**Group Postal address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Meeting Place:** \_\_\_\_\_

**Day/s:** \_\_\_\_\_ **Times:** \_\_\_\_\_

Please note that your group name and contact details may be published in *Patches*, and/or forwarded to other quilt-related organizations. If you **DO NOT** give permission for this, please sign here:

**Membership fees are DUE on July 1<sup>st</sup> each year.**

<b>GROUP MEMBERSHIP FEES</b> (Compulsory)	MINIMUM \$45.00	Write no. of copies	_____
One copy of <i>Patches</i> = \$45.00	For each additional copy of <i>Patches</i> add \$15.00	<b>TOTAL FEE</b>	\$
Two copies of <i>Patches</i> = \$60.00			
Three copies of <i>Patches</i> = \$75.00			
Four copies of <i>Patches</i> = \$90.00			
Plus expired membership fee if renewing AFTER August 31st		\$10.00	\$
Contribution to Public Liability Insurance: TOTAL number of NON-GUILD members of group. How many? @ (Compulsory unless a Certificate of Currency or explanatory letter is attached.)		\$4.00 ea	\$
NB: Attach a list of names of all group members with contact details (address, phone, email) for insurance records.			
<b>TOTAL DUE</b>			\$

**For office use only**

Membership number \_\_\_\_\_

Receipt number \_\_\_\_\_

Date entered \_\_\_\_\_

**Direct Deposit banking details**

**Bank:** BankSA

**BSB:** 105-051

**Account number:** 207 144 540

**Account name:** Quilters Guild of SA Inc

**Transaction date:** \_\_\_\_\_

Payment by:  Cash  Cheque  Money order  Mastercard  Visa  Direct Deposit

Card Number: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ Expiry date \_\_\_\_\_ : \_\_\_\_\_

Cardholder's name: (please print) \_\_\_\_\_

(V04.11)

Signature: \_\_\_\_\_

**Check list before posting**

- List of members' names and contact details
- Cheque / money order included
- Membership form completed
- SSAE for return of receipt/membership card

Send to:

**The Treasurer  
Quilters' Guild of SA Inc  
PO Box 993  
KENT TOWN SA 5071**