



QUILTERS' GUILD OF SOUTH AUSTRALIA INC

Group membership details

Please photocopy this form before use and retain original for future use

Send to: The Membership Secretary
Quilters Guild of SA Inc
P.O. Box 993
KENT TOWN SA 5071

Please send this form at time of membership renewal or any time changes are made

- 1) **Name of Group** _____
Postal Address _____

Meeting Place _____
Day/s and Times _____

- 2) **Name of contact person to be published in the Group listing in *Patches*:**
Name: _____
Telephone No _____

- 3) **Would you like to have your Group listed on the Guild's website? Yes No**
Name of the Contact Person: _____
Telephone No: _____

- 4) **Does your Group have public liability insurance arranged for your meeting place?**
Yes No

- 5) **Do you need the Guild's public liability insurance?** Yes No

- 6) **Date submitted:** _____