



**QUILTERS' GUILD OF SOUTH AUSTRALIA INC**

ABN 95 168 292 747

**APPLICATION FOR INSURANCE FOR EXHIBITIONS**

**HELD BY GROUPS AFFILIATED WITH QUILTERS' GUILD OF SOUTH AUSTRALIA INC**

**PO Box 993, KENT TOWN SA 5071**

**TAX INVOICE**

Please complete and forward at least **2 months** before the exhibition.

**GROUP NAME** \_\_\_\_\_

**GROUP NUMBER** \_\_\_\_\_

**GROUP ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EXHIBITION NAME** \_\_\_\_\_

**EXHIBITION LOCATION** \_\_\_\_\_

**DATES** \_\_\_\_\_

Contribution for Group exhibition insurance	\$33.00
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Payment by:  Cash  Cheque  Money order  Mastercard  Visa  Direct Debit

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

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

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

<b>Direct Debit</b>
<b>Bank:</b> Bank SA <b>BSB:</b> 105-051 <b>Account number:</b> 207 144 540 <b>Account Name:</b> Quilters Guild of SA Inc. <b>Email banker when paying with this method</b>

Post to: <b>The Treasurer</b> <b>Quilters' Guild of SA Inc.</b> <b>PO Box 993</b> <b>KENT TOWN SA 5071</b>	For office use Date received _____ Receipt number _____ Exhibition number _____
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