



QUILTERS' GUILD OF SOUTH AUSTRALIA INC.

GROUP MEMBERSHIP and RENEWAL APPLICATION and INSURANCE DETAILS TAX INVOICE

ABN 95 168 292 747

NAME OF GROUP: _____ Group No: _____ Date: ___/___/___

CONTACT PERSON: _____ Phone: _____
(For publication in Patches and on the Website; and for Patches labels)

Group Postal address: _____
State: _____ Postcode: _____

Email: _____ Status: NEW RENEWAL (please circle)

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 1st each year

Table with 4 columns: Description, Quantity, Unit Price, Total. Includes rows for Group Membership Fees (\$60.00), Patches (\$15.00 each), and Public Liability Insurance (\$5.00 each). Total row at the bottom.

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, Reference: Name of Group and number, Transaction date.

Payment by: [] Cash [] Cheque [] Money order [] Mastercard [] Visa [] Direct Deposit

Card Number: _____ : _____ : _____ : _____ Expiry date ____ : ____

Cardholder's name: (please print) _____

(V06.18) Signature: (for Credit Card) _____

Check list before posting: List of members' names and contact details [], Cheque / money order included [], Membership form completed [], Large SSAE for receipt/membership card []. Send to: The Treasurer, Quilters' Guild of SA Inc, PO Box 993, KENT TOWN SA 5071