



QUILTERS' GUILD OF SOUTH AUSTRALIA INC.

INDIVIDUAL MEMBERSHIP APPLICATION
TAX INVOICE

Mrs/Miss/Ms/Mr: _____ / /
Please print clearly Given name LAST name Date

(Tick as applicable) **New member** [] **OR** **Renewal** [] **Membership Number:** _____

Postal Address: _____
_____ **State** _____ **Postcode** _____

Telephone: (Home) _____ **(Mobile)** _____

Email address: _____

Are you a Quilt related Business Owner? **Y/N. Business Name:** _____

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

Membership fees are DUE on July 1st each year

Membership fee	\$60.00	\$
Junior Member (under 18 years of age: or full-time student to 25 years)	\$20.00	\$
Associate Member at the same address (no <i>Patches</i>)	\$30.00	\$
TOTAL DUE		

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 and Membership number
Transaction Date: _____

Payment by: Cash; Cheque; Money order; Mastercard; Visa; Direct Deposit.

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

Cardholder's name: (please print) _____

Signature: (for Credit Card) _____

(V02/17)

Check list before posting

Cheque / money order / CC details included
Membership form
SSAE for return of receipt/membership card

Send to:

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