



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: \_\_\_\_\_

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 3 columns: Description, Amount, and Total Fee. Includes rows for Group Membership Fees, Public Liability Insurance, and Total Due.

For office use only: Membership number, Receipt number, Date entered.
Direct Deposit banking details: Bank, BSB, Account number, Account name, Reference, Transaction date.

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

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

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

(V04.17) 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