**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 BusinessOwner? **Y**/**N.** **Business Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership fees are DUE on July 1st each year**

|  |  |  |
| --- | --- | --- |
| Membership | $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 *Patches*) | $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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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** |