



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: _____

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**