



QUILTERS' GUILD OF SOUTH AUSTRALIA INC.
ABN 95 158 292 747

Office use only
Receipt No: _____
Date: _____

INDIVIDUAL MEMBERSHIP FORM
(This form must be submitted with every Membership payment)

Please print clearly

Name: _____
Given name SURNAME Membership No.

Address: _____
State: _____ Postcode: _____

Telephone: _____

Email address: _____

What is your current/former occupation? _____

Quilt Business Owner?
If YES – Business Name: _____

Membership Fees <i>Choose one of the options →</i>	July 2021 to Dec 2021 <i>(6 months)</i>	OR	Jul 2021 to Dec 2022 <i>(18 months)</i>	AMOUNT
Full Membership	\$30	OR	\$90	\$
Associate Membership (at same address as a Member)	\$15	OR	\$45	\$
Junior Membership	\$10	OR	\$30	\$

Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Direct Deposit banking details Bank: Bank SA BSB: 105 051 Account number: 207 144 540 Account name: Quilters' Guild of SA Inc Reference: Name and Membership number Transaction Date: _____ Notified to: banker.saquilters@gmail.com
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Credit Card Details
Card Number: _____ : _____ : _____ : _____ Expiry date ____/____
Cardholder's name: (please print) _____
Signature: _____

Please forward a copy of this form to the banker by post, email or deliver at any Guild meeting

Send to:
Accounts Department, Quilters' Guild of SA Inc.
PO Box 993, KENT TOWN SA 5071
Email: **banker.saquilters@gmail.com**

Enquiries to:
Email: **banker.saquilters@gmail.com**