



QUILTERS' GUILD OF SOUTH AUSTRALIA INC

ABN 95 168 292 747

APPLICATION FOR INSURANCE FOR EXHIBITIONS

HELD BY GROUPS AFFILIATED WITH QUILTERS' GUILD OF SOUTH AUSTRALIA INC

PO Box 993, KENT TOWN SA 5071

TAX INVOICE

Please complete and forward at least **2 months** before the exhibition.

GROUP NAME _____

CONTACT NAME _____

ADDRESS _____

_____ **POST CODE** _____

PHONE NUMBER _____

EXHIBITION NAME _____

EXHIBITION LOCATION _____

DATES _____

Contribution for Group exhibition insurance	\$33.00
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Payment by: Cash Cheque Money order Mastercard Visa Direct Debit

Card Number: ____/____/____/____ Expiry date ____/____

Cardholder's name: (please print) _____

Signature: _____

<u>Direct Debit</u>
Bank: BankSA BSB: 105-051 Account number: 207 144 540 Account Name: Quilters Guild of SA Inc.

Post to:- The Treasurer Quilters' Guild of SA Inc PO Box 11 ALDGATE SA 5154	For office use Date received _____ Receipt number _____ Exhibition number _____
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