



**APPLICATION FOR INSURANCE FOR EXHIBITIONS
HELD BY GROUPS AFFILIATED WITH SA QUILTERS
PO Box 993, KENT TOWN SA 5071
TAX INVOICE**

**(QUILTERS' GUILD OF SOUTH AUSTRALIA INC)
ABN 95 168 292 747**

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

GROUP NAME _____

GROUP NUMBER _____

GROUP ADDRESS _____

POST CODE _____

PHONE NUMBER _____

EXHIBITION NAME _____

EXHIBITION LOCATION _____

EXHIBITION DATES _____

| | |
|---|---------|
| Contribution for Group exhibition insurance | \$50.00 |
|---|---------|

Payment by: Mastercard Visa Direct Debit

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

Cardholder's name: (please print) _____

Signature: _____

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| <u>Direct Debit</u> |
| Bank: BankSA BSB: 105-051 Account number: 207 144 540 Account Name: Quilters Guild of SA Inc. Email banker when paying with this method |

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|--|--|
| Post to:- The Treasurer SA Quilters PO Box 993 KENT TOWN SA 5071 | For office use Date received _____ Receipt number _____ Exhibition number _____ |
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