

**SA QUILTERS**

**(QUILTERS’ GUILD OF SOUTH AUSTRALIA INC)**

*Office use only*

Receipt No:

…………………..

Date: ……………

ABN 95 158 292 747

**INDIVIDUAL MEMBERSHIP FORM**

**(Please complete this form if you are a new member**

**or an existing member with changes to your details.)**

*Please print clearly.*

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  *Given name* *SURNAME* *Membership No.*

**Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_Postcode:

**Telephone:**

**Email address:**

**What is your current/former occupation?**

Quilt BusinessOwner?

If YES – **Business Name:**

|  |  |  |
| --- | --- | --- |
| **Membership Fees** | **January to December** | **AMOUNT** |
| Full Membership | $60.00 | $ |
| Associate Membership(at same address as a Member) | $30.00 | $ |
| Junior Membership | $20.00 | $ |

**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:** **Assistant Treasurer**

**Payment** **by:**

**🞏** Cash

**🞏** Cheque

**🞏** Direct Deposit

**🞏** Mastercard

**🞏** Visa

**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 SAQ meeting***

**Send to:**

Accounts Department, SA Quilters

 PO Box 993, KENT TOWN SA 5071

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

**Enquiries to:**

 Email: **Assistant Treasurer**