

SA QUILTERS

(QUILTERS' GUILD OF SOUTH AUSTRALIA INC)
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.

Office use only
Receipt No:
Date:

	Given name	SURNA	AME			Membership N	
d	dress:						
			S	State:	Postco	ode:	
e	lephone:						
m	nail address:						
/ŀ	nat is your current/former occ	cupation?					
	ilt Business Owner? 'ES – Business Name:						
	Membership Fees		January to December			AMOUNT	
	Full Membership			\$60.00		\$	
	Associate Membership (at same address as a Member)			\$30.00		\$	
	Junior Membership	nior Membership		\$20.00		\$	
		Direct [Deposit ban	king detail	s		
Payment by: ☐ Cash ☐ Cheque ☐ Direct Deposit ☐ Mastercard ☐ Visa		BSE Acc Acc Ref Trai	Reference:		Bank SA 105 051 r: 207 144 540 Quilters' Guild of SA Inc Name and Membership number e: Assistant Treasurer		
		Not	illed to.	Assistant	Treasurer		
С	redit Card Details						
	Card Number: :	:	:	Expiry	date/	<u> </u>	
	Cardholder's name: (please pr	int)					
	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