



SA QUILTERS
(QUILTERS' GUILD OF SOUTH AUSTRALIA INC)
ABN 95 158 292 747

Office use only
Receipt No: _____
Date: _____

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.

- Please circle:
- New Member
 - Existing Member

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

<p>Payment by:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Direct Deposit</p> <p><input type="checkbox"/> Mastercard</p> <p><input type="checkbox"/> Visa</p>	<p>Direct Deposit banking details</p> <p>Bank: Bank SA</p> <p>BSB: 105 051</p> <p>Account number: 207 144 540</p> <p>Account name: Quilters' Guild of SA Inc</p> <p>Reference: Name and Membership number</p> <p>Transaction Date: _____</p> <p>Notified to: Assistant Treasurer</p>
--	--

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](#)