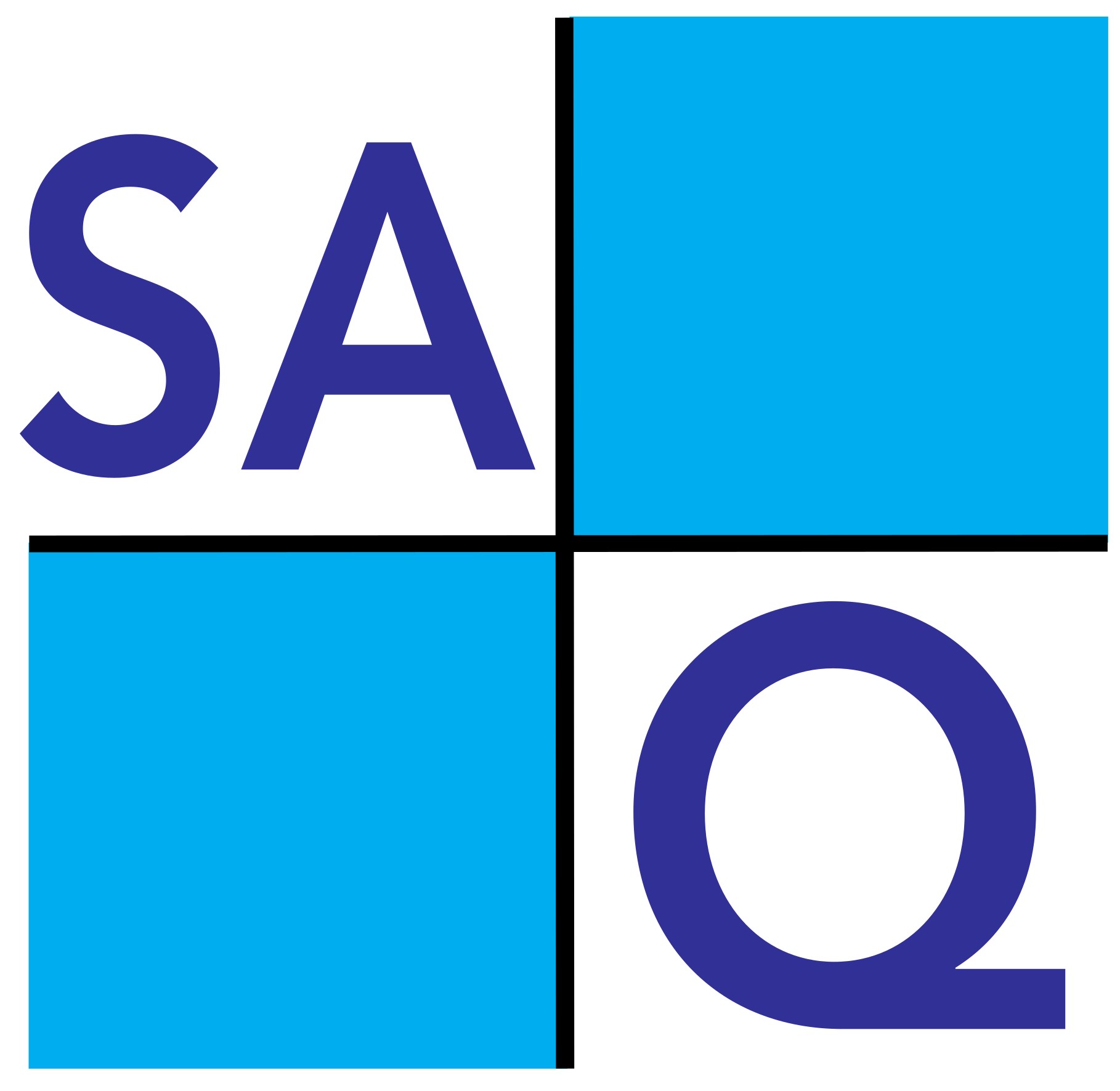
**SA QUILTERS**

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

*Office use only*

Receipt No:

…………………..

Date: ……………

ABN 95 158 292 747

**GROUP MEMBERSHIP FORM**

**(This form must be submitted with every Group Membership payment)**

**NAME OF GROUP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group No

**CONTACT PERSON**: **Phone:**

**Would you like the above contact details published in *I-Patch* and on the Website?**YES / NO

**Group Postal address:**

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

**Email:**

**Meeting Place:**

**Day/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Times:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Fees** | **Number** | **January - December** | **AMOUNT** |
| **Group Membership Fee (compulsory)** |  | $60.00 | $ |
| **Public Liability Insurance Contribution** (not applicable to current full SA Quilters members) | | | |
| **TOTAL number of non SAQ members** | …..…@ | $ 6.00 | $ |
| TOTAL | | | | $ |

**Payment** **by:**

**🞏** Cash

**🞏** Direct Deposit

**🞏** Mastercard

**🞏** Visa

**Direct Deposit banking details**

**Bank:** Bank SA **BSB:** 105 051 **Account number:** 207 144 540

**Account name:** Quilters’ Guild of SA Inc

**Reference:** Group Name and Membership number

**Transaction Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notification to:** [**Assistant Treasurer**](mailto:banker.saquilters@gmail.com)

**Credit Card Details** Card No.: \_\_ \_\_ \_\_ \_\_: **\_**\_ \_\_ \_\_ \_\_: \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ \_\_ \_\_ Expiry date \_\_ \_\_/\_\_ \_\_

Cardholder’s name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send to:**

Accounts Department, SA Quilters

PO Box 993, KENT TOWN SA 5071

**Enquiries to:** [**Assistant Treasurer**](mailto:banker.saquilters@gmail.com)

**Check list before posting**

**🞏** List of ALL members’ names and contact details

**🞏** Direct Deposit details

**🞏** Membership form completed

***Please forward a copy of this form to the banker by post, email or deliver at any SAQ meeting***