



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

**GROUP MEMBERSHIP FORM**

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

<i>Office use only</i>
Receipt No: .....
Date: .....

**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	\$
			<b>TOTAL</b>
			<b>\$</b>

<b>Payment by:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	<b>Direct Deposit banking details</b> <b>Bank:</b> Bank SA <b>BSB:</b> 105 051 <b>Account number:</b> 207 144 540 <b>Account name:</b> Quilters' Guild of SA Inc <b>Reference:</b> Group Name and Membership number <b>Transaction Date:</b> _____ <b>Notification to:</b> <a href="#">Assistant Treasurer</a>
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<b>Credit Card Details</b>	Card No.: _____: _____: _____: _____ Expiry date ____/____  Cardholder's name: (please print) _____  Signature: _____
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<b>Check list before posting</b> <input type="checkbox"/> List of ALL members' names and contact details <input type="checkbox"/> Direct Deposit details <input type="checkbox"/> Membership form completed	<b>Send to:</b> Accounts Department, SA Quilters PO Box 993, KENT TOWN SA 5071 <b>Enquiries to:</b> <a href="#">Assistant Treasurer</a>
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**Please forward a copy of this form to the banker by post, email or deliver at any SAQ meeting**