



**APPLICATION FOR INSURANCE FOR EXHIBITIONS  
HELD BY GROUPS AFFILIATED WITH SA QUILTERS  
PO Box 566, KENSINGTON PARK SA 5068  
TAX INVOICE**

**(QUILTERS' GUILD OF SOUTH AUSTRALIA INC)  
ABN 95 168 292 747**

Please complete and forward at least **2 months** before the exhibition.

**GROUP NAME** \_\_\_\_\_

**GROUP NUMBER** \_\_\_\_\_

**GROUP ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EXHIBITION NAME** \_\_\_\_\_

**EXHIBITION LOCATION** \_\_\_\_\_

**EXHIBITION DATES** \_\_\_\_\_

Contribution for Group exhibition insurance	\$50.00
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Payment by:  Mastercard  Visa  Direct Debit

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

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

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

<b><u>Direct Debit</u></b>
<b>Bank:</b> BankSA <b>BSB:</b> 105-051 <b>Account number:</b> 207 144 540 <b>Account Name:</b> Quilters Guild of SA Inc. <b>Email banker when paying with this method</b>

Post to:- <b>The Treasurer SA Quilters PO Box 566 KENSINGTON PARK SA 5068</b>	For office use Date received _____ Receipt number _____ Exhibition number _____
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