

## **Group Wadding Grant Application Form**

Name of group					
Member sinceGroup Membership Number					
Contact details Contact name for group					
Postal address					
Post Code					
Telephone	Mobile				
Email					
Please tick the appropriate boxes					
Incorporated body			Yes		No
Registered for GST			Yes		No
Have you previously received funding from SA Quilters? If yes, please specify			Yes		No
Date Amount					
Community Project for which funding is required					
Name					
Amount requested (Maximum \$250-00)					
What benefits will be provided to the participants/ wider community?					
Applicant Group's bank account of	letails required, to facilitate	e payr	nent sho	ould an	application be
successful:					
Account name:					
Bank:					
BSB:					
Account number:					
Applications must be submitted by email to the <u>SA Quilters Secretary</u> .					

For further information email <u>SA Quilters Secretary</u>.