

Name of individual								
Member since Membership Number								
Contact details Contact name for member								
Postal address								
Tolombono	Mobile							
Telephone Email	WIODIIE							
		•••••	•••••		•••••		•••••	
Please tick the appropriate boxes								
Registered for GST					Yes		No	
ABN (if applicable)								
Have you previously received If yes, please specify	I funding from	SA Quilt	ers?		Yes		No	
Date			Amou	nt				
Project								
Project for which funding is required								
Name								
Purpose								
Education:		Self	or		Community			
Exhibition:		Self	or		Community			
Educational Tour: Other: Please give details:	H	Austra	iia or		Overs	eas		
_	_							
Date/s Commence		. Comple	ete					
Amount requested (maximum of §	\$500-00)							
Is this the full cost of the project, or a portion of total cost?								
☐ Full cost			Portio	n				
Please attach a budget/breakdown of proposed expenditure.								
Brief outline of the project/activity	/							

[Full outline to be included as supporting attachment]



Benefits of the project to the individual or community						
What plans, appointments, negotiations have already been completed?						
Supp	orting material attached					
	Outline of project					
	Anticipated total cost of event					
	Digital media if relevant					
_	Other					
_						
ilaaA	cant's bank account details required, to facilitate payment should an application					
	ccessful:					
	Account name:					
	Bank:					
	BSB:					
	Account number:					
	Account number					
Applications must be submitted by email to the Secretary and received by 1 <sup>st</sup> April each year.						
For fu	urther information email the <u>SA Quilters Secretary</u> .					

If space insufficient in any area, please attach additional sheets, clearly

identifying section/s to which they refer.