**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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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| Contribution for Group exhibition insurance | $50.00 |

To maintain adequate records for insurance purposes, please download and complete the form ‘Group Exhibitors Record’, located on the SA Quilters web site at <https://www.saquilters.org.au/member-groups/>.

Payment by: **🞏** Mastercard **🞏** Visa **🞏**Direct Debit

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**Bank**: BankSA

**BSB**: 105-051

**Account number**: 207 144 540

**Account Name**: Quilters Guild of SA Inc.

**Email banker when paying with this method**

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| Post to:-  **The Treasurer**  **SA Quilters**  **PO Box 566**  **KENSINGTON PARK SA 5068** | For office use  Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receipt number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exhibition number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |