



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 \_\_\_\_\_

Contribution for Group exhibition insurance	\$50.00
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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

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</b> <b>SA Quilters</b> <b>PO Box 566</b> <b>KENSINGTON PARK SA 5068</b>	For office use Date received _____ Receipt number _____ Exhibition number _____
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