



SA QUILTERS
(QUILTERS' GUILD OF SOUTH AUSTRALIA INC)
ABN 95 158 292 747

GROUP MEMBERSHIP FORM

(This form must be submitted with every Group Membership payment)

Office use only

Receipt No:

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Date:

NAME OF GROUP: _____ **Group No** _____

CONTACT PERSON: _____ **Phone:** _____

Would you like the above contact details published in *I-Patch* and on the Website? YES / NO

Group Postal address: _____

_____ **State:** _____ **Postcode:** _____

Email: _____

Meeting Place: _____

Day/s: _____ **Times:** _____

Retreat - Please provide location and dates: _____

Membership Fees	Number	January - December	AMOUNT
Group Membership Fee (compulsory)		\$60.00	\$
Public Liability Insurance Contribution (not applicable to current full SA Quilters members)			
TOTAL number of non SAQ members@	\$ 6.00	\$
		TOTAL	\$

Payment by: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Direct Deposit banking details Bank: Bank SA BSB: 105 051 Account number: 207 144 540 Account name: Quilters' Guild of SA Inc Reference: Group Name and Membership number Transaction Date: _____ Notification to: Assistant Treasurer and Membership Secretary
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Credit Card Details	Card No.: ____ : ____ : ____ : ____ Expiry date ____ / ____ Cardholder's name: (please print) _____ Signature: _____
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Check list before posting <input type="checkbox"/> List of ALL members' names and contact details <input type="checkbox"/> Direct Deposit details <input type="checkbox"/> Membership form completed	Send to: Accounts Department, SA Quilters PO Box 566, KENSINGTON PARK SA 5068 Enquiries to: Assistant Treasurer
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Please forward a copy of this form to the banker by post, email or deliver at any SAQ meeting