Office use only
Receipt No:

……..

Date: ……

SA QUILTERS

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

INDIVIDUAL MEMBERSHIP FORM

(Please complete this form if you are a new member or an existing member with changes to your details.)
Please print clearly.

Please circle:
- New Member
- Existing Member

Name:_____ _____
Given name *SURNAME* *Membership No.*

Address: _____

_____State: _____Postcode: _____

Telephone:_____

Email address: _____

What is your current/former occupation? _____

Quilt Business Owner?
If YES – **Business Name:** _____

Membership Fees	**January to December**	**AMOUNT**
Full Membership	$60.00	$
Associate Membership (at same address as a Member)	$30.00	$
Junior Membership	$20.00	$

Payment by:
- ☐ Cash
- ☐ Direct Deposit
- ☐ Mastercard
- ☐ Visa

Direct Deposit banking details

Bank: Bank SA
BSB: 105 051
Account number: 207 144 540
Account name: Quilters' Guild of SA Inc
Reference: Name and Membership number
Transaction Date: _____
Notified to: **Assistant Treasurer** and **Membership**

Credit Card Details

Card Number: __ __ __ __: __ __ __ __: __ __ __ __: __ __ __ __ Expiry date __ __/__ __

Cardholder's name: (please print) _____

Signature: _____

Please forward a copy of this form to the banker by post, email or deliver at any SAQ meeting

Send to:
Accounts Department, SA Quilters
PO Box 566, KENSINGTON PARK SA 5068
Email: **banker.saquilters@gmail.com**

Enquiries to:
Email: **Assistant Treasurer**