# SA QUILTERS

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

*Office use only*
Receipt No:
……..
Date: ……

## 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 by email 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 Assistant Treasurer by post, email or deliver at any SA Quilters meeting***

**Send to:**
Accounts Department, SA Quilters
PO Box 566, KENSINGTON PARK SA 5068

**Enquiries to:**
**Email**: Assistant Treasurer