



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
---	---------

Payment by: Mastercard Visa Direct Debit

Card Number: ____/____/____/____ Expiry date ____/____

Cardholder's name: (please print) _____

Signature: _____

<u>Direct Debit</u>
Bank: BankSA BSB: 105-051 Account number: 207 144 540 Account Name: Quilters Guild of SA Inc. Email banker when paying with this method

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