



# QuiltNSW

## 2017-2018 MEMBERSHIP FORM

Level 5, 276 Pitt Street, Sydney NSW 2000 Australia  
 Phone 02 9283 3737 - office@quiltsw.com - www.quiltsw.com  
 ABN 96 250 170 608  
 Annual Membership 1st July to 30th June  
 Tax invoice

The Quilters' Guild of NSW Inc

APPLICANT'S DETAILS			
Family Name		First Name	
Postal Address		Phone ( ____ ) _____ - _____	
		Mobile _____ - _____ - _____	
State	Postcode	Country (overseas)	Age Group (optional - for statistical purposes)
Email		Under 40 years <input type="checkbox"/> 40-55 years <input type="checkbox"/> 55-70 years <input type="checkbox"/> 70 years + <input type="checkbox"/>	
Would you like to assist the Guild <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of a local group? If yes, name of group:			
Please tick if any of the following apply:			
<input type="checkbox"/> I teach patchwork/quilting <input type="checkbox"/> I am a commercial machine quilter <input type="checkbox"/> I make quilts for sale/commission			

MEMBERSHIP FEES		All rates in AUD & includes GST
<b>Joining Fee / Late Fee: \$15</b> Applies if not a financial member in 2016 - 17 or renewing after 30/9/2017		\$
<b>Individual Membership: \$60</b>		\$
<b>Junior Membership (Under 18) \$25</b> Date of Birth ___/___/___ (No joining fee required)		\$
<b>Full Time University Student (Under 25 years) \$25</b> Date of Birth ___/___/___ (No joining fee required)		\$
<b>Family Membership: \$85</b> Please list family members:		\$
<b>Junior Group Membership: \$50</b> (No joining fee required)		\$
<b>Group Membership: \$100.00</b> If your Group requires insurance please contact: insurance@quiltsw.com		\$
<b>Individual Overseas Membership: \$60</b> (plus postage - see below)		\$
<b>International Airmail Postage:</b> <input type="checkbox"/> \$16.80 Asia/Pacific <input type="checkbox"/> \$24.60 Rest of the World		\$
<b>Name Badge: \$12</b> including postage - Preferred Name:		\$
	<b>TOTAL</b>	<b>\$</b>
	<b>CREDIT CARD TOTAL</b>	<b>\$</b>

THIS SECTION FOR OFFICE USE ONLY	MEMBERSHIP NUMBER _____
AMOUNT PAID _____	DATE PROCESSED ___/___/___ RECEIPT NUMBER _____ INITIAL _____

PAYMENT OPTIONS	
<input type="checkbox"/> Cheque/Money Order	<b>TOTAL:</b> Made payable to "The Quilters' Guild of NSW Inc."
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	<b>Overseas Applicants must pay by credit card.</b>
CREDIT CARD AUTHORISATION	
<b>CREDIT CARD TOTAL \$ _____</b>	
MC <input type="checkbox"/> Visa <input type="checkbox"/> Card # _____ - _____ - _____ - _____	
Name on Card	Expiry Date ___/___/___
Signature	Date
<i>Note to Renewing Members: If you require a receipt, please include a stamped self addressed envelope.</i>	