

EQI Membership Application 2023-2024

www.essenonquilters.org.au

info@essendonquilters.org.au

Please print.

Name:			
Street Address:			
City:	State:	Postcode:	
Phone Number:			
email address			

To acknowledge your birthday:	Month:	Day:
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Emergency Contact Details:
Name:
Phone:

Your Age Group: (for our insurers)	
Under 18: _____	75 – 84: _____
18- 74: _____	Over 85: _____

Membership Status:

<input type="checkbox"/> New Member	<input type="checkbox"/> Membership Renewal	Membership No:
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I agree to support the purposes of Essendon Quilters Inc. and to abide by the Rules of the Association.

Signature: _____ Date: _____

Payment:

Subscription:	\$45.00	Until 30 June 2024	Office Use:	
Badge:	\$20.00	Name on badge:		Date:
Other:		_____		Amount:
Total:				Receipt No:

**Pro rata for new members only. Full fee = July – Dec; 50% = Jan – June; Fee waived for June only.*

Payment Method: ☐ Cash at meeting ☐ EFT at meeting ☐ Online EFT
☐ Other: _____

BSB: 633-000

Account No: 126900604

Account Name: Essendon Quilters Inc.