

HANDWEAVERS & SPINNERS GUILD OF VICTORIA INC.

ABN: 99 918 669 783

PERSONAL MEMBERSHIP APPLICATION

Please tick

I wish to **renew** my membership.

I wish to apply for membership and agree to be bound by the rules of the Guild.

Name _____

Address _____

Suburb/Town: _____ Postcode: _____

Phone
(home) _____

(business) _____ (mobile) _____

Email: _____

Craft interests: _____

Please tick

Full Membership \$55.00

Country (>50km GPO) **OR** \$45.00
Student **OR**
Pensioner [please provide Pension Number

Joining Fee (New Members) \$10.00
Donation

The Guild needs volunteers to help with the Gallery, Shop, Library, Newsletters, Demonstrations etc.

I can help with

CREDIT CARD DETAILS

I enclose \$ _____ Cheque / Money Order / Credit Card
[Circle payment method]

Card Type: **MASTERCARD / VISA**

Card Number:

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Expiry Date: _____ / _____

Cardholder's
Name: _____

Signature: _____

Date: _____

If you are RENEWING membership, please enclose a stamped, self-addressed envelope for your receipt and card.

Send this application to:

The Handweavers & Spinners Guild of Victoria Inc.
12-20 Shakespeare Street
Carlton North Vic 3054

Please indicate if you would like a password for access to browse the Guild Library on the internet.

YES **NO**

(A sticker containing the password will be attached to the back of your membership card. Note that the password will change each year.)

OFFICE USE ONLY

Constitution	Date
Letter	Receipt No.
Membership list	Membership Card
Editor	Database
Newsletters	