**The Embroiderers’ Guild ACT Inc**

**PO Box 830**

**DICKSON ACT 2602**

Telephone: 0481 578 789

Email: embroideryactclasses@gmail.com

Website: embroiderersact.org.au

ABN: 85 703 649 421

**CLASS ENROLMENT FORM**

**PLEASE COMPLETE BOTH SECTIONS and either POST to** The Treasurer, PO Box 830, Dickson, ACT 2602 **or EMAIL to** embroideryacttres@gmail.com

**CLASSES COORDINATOR COPY**

Class Name………………………………………………………………………………………………………………………..

Class Date(s)……………………………………………..Class Time…………………………………………………….

Name………………………………………………………………………………………………………………………………….

Address………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………Postcode……………………….

Telephone: (H) ……………………………(W)…………………………..Mobile…………………………………..…

Email:………………………………………………………………………………………….

Member/Non-Member (Please circle as appropriate)

**Office use only**: Class requirements supplied ……………………………..

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**TREASURER’S COPY** Embroiderers’ Guild ACT Inc

Name………………………………………………………………………………………………………………………………

Class Name…………………………………………………………………………………………………………………….

Class Fee………………………………………………………………………………………………………………………..

**Methods of payment**:

 **** Cash (do not post)

 **** Cheque / Money Order

 **** Direct Deposit to Bank Account

 Account: The Embroiderers Guild ACT Inc

 Bank: St George Bank

 BSB: 112 908 Account : 040003863

 Reference: Members Name C (eg Jo Blogs C)

 **** CREDIT / DEBIT CARD / EFTPOS – Face to face only

**Office use only: Deposit \_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Receipt No \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Balance \_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Receipt No \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Receipt No \_\_\_\_\_\_\_\_\_\_\_\_\_\_**