Handweavers', Spinners' and Dyers' Guild of Western Australia Inc. Membership Form— 2024

Please tick category:							
New Membership: Membership Renewal:		Renewal:	New Gr	oup:	Group Re	Group Renewal:	
Contact Details:			Group Name				
Surname: (Mrs/Ms/Miss/Mr/Dr)			Given Name:				
Address:							
City/Postcode:			State/Country:				
Preferred Phone:			Email:				
Please circle your area (s) of ir							
Weaving: Spinning		inning	Dyeing			Felting	
Knitting Crochet		ochet	Tapestry Weaving		Other:		
We are a volunteer organisatio Guild in the coming year? Plea Demonstrating at events	7			us assistance of our r		w can you help your	
Please indicate membership type: (please note, to claim Con							
for concession rates. Family member				,, proof of endicement w	iii be required, s	is the engine	
Full \$80 Family \$120.00 Associate/Junior \$			60	Group \$120.00 🗖	Group inc Ir	nsurance \$180.00 🗖	
For Concession or Student please enter card details and number here (Seniors not eligible for concession)				Concession/ Student \$60			
Please complete and return this f	orm either:-						
By Post to: The Treasurer, HWSDGWA, P.O. Box 446, Inglewood, WA 6932 In Person To: The Treasurer at Craft House on a meeting day, before the start of the Meeting.				Please note: Please note: you must ensure this form is either posted or scanned and emailed or handed to the membership officer. if we do not have your form you will not be on our database your membership is not complete without us having a completed form. We need all members and groups to complete a membership form each and every year to meet our legislative requirements as an incorporated body"			
ALL MEMBERS: At our events photog from shots being taken. If you want a	•		-		· -		
I/we, the undersigned, have read and weavers', Spinners' and Dyers' Guild of the Guild which may now or herea	of WA Inc., and if				•		
Signature:			Date:				
Proposed by:			Seconded by:				
Payment can	be made either:						
1. By Cheque or cash to the Treas	urer 🛘		Office He				
2. By Eftpos			Office Use: This applicant was admitted by the Committee as a Member of the				
3. By Bank Direct Debit to			Guild on:	Guild on:			
Bank: National Australia Bank BSB: 086-006			Signed:				
Account No: 598171460 Account Name: Handweav	o ers Spinners and	Dvers Guild	Presiden	t/Secretary			
Please quote your name as referen our Treasurer, (hwsdg.membership	ce, email a copy o	of the receipt to	Guild Re	ceipt No	Amount	\$	

pleted copy of your Application Form.