



MEMBERSHIP APPLICATION AND RENEWALS FORM

Membership No: [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
Membership Type: [ ] Individual, or [ ] Associate, or [ ] Corporate

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

(Please tick applicable box)

Application [ ] Membership Renewal [ ] Renewing members please insert your existing membership number in the boxes above.

Applicants'/Renewing Members' Details

Mr/Mrs/Ms ..... Last Name ..... First Name .....
Postal Address.....
State ..... Postcode ..... Mobile.....
Phone: (0 )..... Fax: (0 ) .....
Email.....
Business Name (write N/A if not applicable) .....
Business Address (if different from above) .....
State ..... Postcode .....
Business Ph: (0 ) ..... Business Fax: (0 ) .....
Web address, webshots link or other .....

IMPORTANT Please tick if relevant

[ ] I DO NOT want my contact details listed on the AMQA website

Quilting Machine Brand ..... Model .....

Mentoring Program

[ ] I am willing to be a mentor. [ ] I would like to be mentored.

Optional - Please list any other skills or qualifications you may have that you can offer AMQA.

(Eg administrative, website management, graphic design).....

Schedule of Fees (Please tick applicable box) Renewals due 1st October each year

[ ] Individual Membership...\$100 or [ ] Associate Membership...\$50 or [ ] Corporate Membership...\$150

Method of Payment (Please tick applicable box)

[ ] Cheque (Payable to Australian Machine Quilting Association Inc) [ ] Cash
[ ] Internet Transfer (please provide proof of transfer with your application)

BSB: 804-050 Acct Number: 3075 0712 Account Name: AMQA Inc

Please fax your signed application with proof of transfer to 07 3265 3050 or post to The Membership Secretary, 9 Waterdown Close, Taigum Qld 4018 with your cheque (no cash in mail please).

Please sign and date your Application/Renewal

Signed ..... Dated .....

In accordance with the Privacy of Information Act, information provided on this application form will be treated in strictest confidence No information will be passed to any third party without applicant's prior expressed consent.

Office Use Only: Date Received ..... Amount Confirmed.....
Proposed By ..... Seconded .....
Print Name ..... Print Name .....