



CLASS ENROLMENT FORM

Receipt No.

Class

Date(s).....

Deposit \$ Balance \$ Full Fee \$

Please include a stamped self-addressed envelope for return of your receipt/class requirements otherwise collect from the Gallery board

Name Member Non-Member

Address Postcode.....

.....

Telephone Number may be given to Tutor; Yes No

Date application lodged SIGNATURE.....

Return to: The Embroiderers' Guild of SA Inc.
16 Hughes Street, MILE END SA 5031 Telephone: 8234 1104 Fax: 82341513

Payment by Cash Cheque M/O Mastercard Visa
(please tick)

Card No. _ _ _ / _ _ _ / _ _ _ / _ _ _

Expiry date _ _ / _ _

Cardholder's name

.....Signature.....

Another form **MUST BE** completed when paying balance



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