

## MEMBERSHIP APPLICATION/RENEWAL OF THE SMOCKING ARTS GUILD OF NSW INCORPORATED

(Incorporated under the Association Incorporation Act, 1984)

·			Full name of app	olicant		
Address						
					Posto	code
Contact Details		Home				
		Mobile				
		Email				
Date of birth:	Date		Month		(Year not red	quired)
			e information, apart on by other member		ne, YES	NO
sums which the G (including death a such sums shall ex	uild shall b nd injury) cceed any i	ecome leg in respect monies tha	cally liable to pay for of or to myself while at may be recovered	compensation e I am a membe by the Guild u	with respe er of the Gu nder any po	Ty the Guild against all ct to bodily injury wild to the extent that blicy of insurance. In d for the time being in
Signe	d:					
C .			Signature of App	olicant		
		Date:				
		Date:	Please return this	_		

The Treasurer
Smocking Arts Guild of NSW Inc
PO Box 5212
Greystanes 2145

Payment can be made by cheque to the above address or EFT
Smocking Arts Guild
BSB 062246 A/c 10015755

President Sandra Tedesco 0417 431 387 **Treasurer**Menna Rondel
0418 957 299