

WORKSHOP APPLICATION

NAME: <i>(please print)</i>	
Phone No:	
Address:	
E mail address	
Workshop 1 Title & No.	
Tutor	
Workshop Date	
Cost	
If there is a choice of kit/pattern for the workshop, please indicate your choice	
Workshop 2 Title & No.	
Tutor	
Workshop Date	
Cost	
If there is a choice of kit/pattern for the workshop, please indicate your choice	

Please send this completed form together with a **STAMPED, SELF-ADDRESSED ENVELOPE** to:

*The Workshop Registrar
The Embroiderers' Guild of WA (Inc)
PO Box 85
APPLECROSS WA 6953*

You will be asked to sign a copyright Agreement Form at each workshop

Receipt & list of requirements are sent 2 weeks before class

PAYMENT DETAILS

Full Payment	<input type="checkbox"/>	Deposit of \$20 per workshop	Balance of Payment
Amount	\$	\$	\$

Full payment must be made four weeks before class.

Payment enclosed: (please tick)

Credit Card	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Money Order	<input type="checkbox"/>
<i>Please complete section below</i>		<i>Please ensure your name and workshop number are on bank details</i>					

CHEQUES: Should be made payable to: *The Embroiderers' Guild of WA (Inc)*

NET BANK TRANSFER: EMBROIDERERS' GUILD OF WA. COMMONWEALTH BANK, BOORAGOON.

BSB: 066 102 ACC# 0090 2598 Date Transferred:

CREDIT CARD PAYMENTS

Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>
Amount:	\$	Expiry Date	CCV
	<input type="checkbox"/>		<input type="checkbox"/>
Name shown on card:			
Signature:			

(Office Use Only)

Registration No.

Receipt No.