THE EMBROIDERERS' GUILD OF WA
WORKSHOP ENROLMENT FORM

Please complete this form and forward it to the Workshop Registrar

BY POST
PO BOX 85
Applecross WA 6953

BY EMAIL
lizzie@wn.com.au

NAME	
ADDRESS	
PHONE	**MOBILE**
EMAIL	

WORKSHOP 1

No and title	**Dates**
Tutor	**Fees**
If there is an option of Kit/Pattern indicate your choice	

WORKSHOP 2

No and title	**Dates**
Tutor	**Fees**
If there is an option of Kit/Pattern indicate your choice	

REQUIREMENTS LIST: Will be sent 2 to 3 weeks prior to workshop.

WHERE EVER POSSIBLE THESE WILL BE SENT BY EMAIL TO ENSURE PROMPT DELIVERY.
If you wish to have yours posted please supply A STAMPED, SELF ADDRESSED ENVELOPE

Full Payment is preferred. Alternatively a **non-refundable deposit of $20** must accompany this form. The balance shall be paid **4** weeks prior to workshop.
NO REMINDERS WILL BE SENT.

****

PAYMENT OPTIONS

1. NET BANK TRANSFER
Pay to **Embroiderers' Guild of WA**. Commonwealth Bank Booragoon
BSB: 066102 **Account No** 00902598 **Date transferred**_____

Ensure your name and workshop number are recorded on the bank details .
Please email a copy of the transaction record to : lizzie@wn.com.au

****

2. CREDIT CARD PAYMENTS **Visa** ☐ **Mastercard** ☐

AMOUNT $	**EXPIRY DATE**	**CCV NO**

CARD NUMBER

				X					**X**					**X**				

NAME ON CARD_____**SIGNATURE**_____

****

3. CHEQUES: Made payable to: **Embroiderers' Guild of WA**

****

Office use only)
Date received Registration no

Receipt no