



RECORD OF TWINNING

Please type or print clearly in black pen.

Guild or Individual twinning: Guild Individual

Twinning Guild / Member

Guild details (if applicable):

Contact details:

| | | |
|-----------------|--------------|----------|
| Title: | Given names: | Surname: |
| Street address: | | |
| Suburb: | Postcode: | State: |

Twinned Guild / Member:

Twinned Guild (if applicable):

Contact details:

| | | |
|-----------------|-------------------|----------|
| Title: | Given names: | Surname: |
| Street address: | | |
| Suburb: | Postcode: | State: |
| Country: | Year of Twinning: | |

Twinning Certificate request:

| | | |
|--------------------------------------|---|--|
| Certificate requested to be sent to: | <input type="checkbox"/> Twinning Guild | <input type="checkbox"/> Twinned Guild |
| Date to be printed on certificate: | | |

The form is to be forwarded to the STGA, then to the ATGA, who forwards it to the NSGFA International Secretary for processing.