



## TREFOIL GUILD REGISTRATION FORM

Please type or print clearly with black pen.

State:	Name of Trefoil Guild:
District:	Date of formation of Guild:
Region / Area:	Day and time of meeting:
Place of meeting:	

<b>President:</b>	Title:	Last name:
Given names:		Post nominals:
Address:		
Preferred phone No:		Alternate phone No:
Email:		
Permission given to publish contact details in Personnel Directory used by Trefoil Guilds and State Trefoil Guild Advisors?		Y / N      Signature

<b>Secretary:</b>	Title:	Last name:
Given names:		Post nominals:
Address:		
Preferred phone No:		Alternate phone No:
Email:		
Permission given to publish contact details in Personnel Directory used by Trefoil Guilds and State Trefoil Guild Advisors?		Y / N      Signature

<b>Treasurer:</b>	Title:	Last name:
Given names:		Post nominals:
Address:		
Preferred phone No:		Alternate phone No:
Email:		
Permission given to publish contact details in Personnel Directory used by Trefoil Guilds and State Trefoil Guild Advisors?		Y / N      Signature



### Bank Account Details

<b>General Account:</b>	
Name:	
BSB No:	Account Number:
Bank:	Branch:
Signatories' names: (please print)	Position
Contact address ( if different from Treasurer):	

Signed:	Position:
Signature of State Trefoil Guild Adviser:	Date: