

# TREFOIL GUILD REGISTRATION FORM ATG.5



State	District:		
Name of Trefoil Guild:			
Region/Area:		Date of formation of Guild:	
Day and time of meeting:		Place of meeting:	
President:		Email:	
Phone:			
Permission to publish contact details in ATG personnel directory		Yes	No
Secretary:		Email:	
Phone:			
Permission to publish contact details in ATG personnel directory		Yes	No
Treasurer:		Email:	
Phone:			
Permission to publish contact details in ATG personnel directory		Yes	No
<b>Bank Account Details</b>			
Account name:			
BSB:		Account number:	
Signatories:			
Name:		Role:	
Name:		Role:	
Name:		Role:	
Signed:			Date:
State Trefoil Guild Adviser Signature:			Date:

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