



Trefoil Guild Australia
New Trefoil Guild Registration Form

Please write in BLOCK LETTERS

STATE _____

REGION _____

DISTRICT _____

NAME OF TREFOIL GUILD

President:

<i>Title:</i>	<i>Family Name:</i>	<i>Given Name:</i>	
<i>Address:</i>			<i>Post code:</i>
<i>Phone: home:</i>	<i>Work:</i>	<i>Mobile:</i>	<i>E-mail:</i>

Secretary:

<i>Title:</i>	<i>Family Name:</i>	<i>Given Name:</i>	
<i>Address:</i>			<i>Post code:</i>
<i>Phone: home:</i>	<i>Work:</i>	<i>Mobile:</i>	<i>E-mail:</i>

Treasurer:

<i>Title:</i>	<i>Family Name:</i>	<i>Given Name:</i>	
<i>Address:</i>			<i>Post code:</i>
<i>Phone: home:</i>	<i>Work:</i>	<i>Mobile:</i>	<i>E-mail:</i>

Date of formation of Trefoil Guild: _____

Day, time and place and address of meeting: _____

Signed: _____

Position on Guild: _____

Due to privacy legislation do you give permission (we need to ask whether or not you give) to Trefoil Guild (Guides Australia) to publish your secretary's or president's details in our Personnel Directory for use by Trefoil Guilds. Yes No

Signed Position

Approved (State Trefoil Guild Adviser) Signature: _____ Date _____
