

# Society Workshop Payment

**Workshop Date:** Sunday.....  
**Time:** 10am to 3.30pm  
**Location:** The Craig Centre - Samarinda Avenue, Ashburton (*melways 60 E10*)

**Tutor:**.....

**Price:**..... *as per workshop advertisement.*

Name.....Membership number.....

Address.....

.....

Telephone number.....E-mail address.....

Mobile number.....

**Payment details: Cheque or credit card – please do not send cash through the mail.  
Cheques should be made out to The Society of Folk and Decorative Artists of Victoria, Inc.**

**Amount paid: \$**.....

**Credit card details:** Visa / Mastercard (Please circle)  
note: 2% surcharge on Credit Card Payments.

Number: ..... / ..... / ..... / ..... Expiry date: .... / .....

Name on card: .....

Signature.....

**Please send payment to:  
WORKSHOP COORDINATOR  
Society of Folk & Decorative Artists of Vic. Inc.  
P.O. Box 495  
MOUNT WAVERLEY. VIC. 3149.**

**Full payment must be received by the coordinator two weeks prior to workshops, which are held on the fourth Sunday of the month.**

**A class requirements list will be posted out on receipt of payment.**