

In order to ensure accuracy, please write in BLOCK LETTERS

Region and District:
Guild Name:

Chairman:

Title and Given Name:	
Surname:	
GGV ID Number (if a member):	
Address: (including post code)	
Telephone: (home)	
Email:	

Secretary:

Title and Given Name:	
Surname:	
GGV ID Number (if a member):	
Address: (including post code)	
Telephone: (home)	
Email:	

Treasurer:

Title and Given Name:	
Surname:	
GGV ID Number (if a member):	
Address: (including post code)	
Telephone: (home)	
Email:	

Trefoil Guild Meeting Details:

Date of first meeting:	
Meeting date and time:	
Meeting location:	

Endorsement of Trefoil Guild Adviser:

Signature of Trefoil Guild Adviser:	
Date:	

Please return this form to Girl Guides Victoria, PO Box 827, South Melbourne, Vic, 3205
(GGV can arrange for the Trefoil Guild Adviser to sign the form).