

COMBINED CRAFTS GROUP INC
CRAFT CORNER, PARKES

RULES AND REGULATIONS

Craft Corner
237 Clarinda Street | Parkes NSW 2870
parkescraftcorner@gmail.com | 02 6862 1034

President	Ann Reginato
Vice President	Sharon Preisig
Secretary / Publicity Officer	Lana Hood
Treasurer	Sue Ridley
Assistant Treasurer	Liz Mulligan

COMBINED CRAFTS GROUP INC

CRAFT CORNER, PARKES

RULES AND REGULATIONS FOR ALL MEMBERS

All members are invited to become active members by attending monthly meetings, which are held February to December, on the 2nd Thursday of each month at 10am and by taking part in other activities arranged during the year.

THE ANNUAL MEMBERSHIP SUBSCRIPTION IS \$100 FOR FULL MEMBERSHIP AND \$25 for Associate Membership (members who do not put in goods for sale).

All memberships are due 1st April Annually

PAYMENT OF \$100 IS DUE OR CAN BE PAID QUARTERLY i.e. \$25 ON 1st OF APRIL, JULY, OCTOBER, JANUARY. PAYMENT IS PREFERRED WITH FULL \$100 FEE

FEES MUST BE PAID PROMPTLY

Fees may be paid directly into Craft Corner Bank Account BSB062588 acct 00901959 or at Craft Corner.

Each member has a code - all articles must have tickets labelled securely, showing code and number and date entered, price and details such as SIZE, TYPE OF YARN i.e. WOOL OR ACRYLIC.

What item is (ie description ... Singlet; Baby Set; Apron; etc). Members are encouraged to use a fine black pen eg Pilot pen because, in time, the writing on tickets with ballpoint pen, fades.

Each member has a page in consignment books to enter items for sale. Packet of 50 tickets to be used are \$1.50.

COMMISSION

Members who work 2 half days (or equivalent) in our FOUR WEEKLY ROSTER pay 25% commission.

Members who work 1 half day in our FOUR WEEKLY ROSTER pay 27.5%

Members who do not work pay 30%.

BANK ACCOUNT DETAILS MUST BE SUPPLIED TO TREASURER AS YOUR SALES ARE PAID DIRECTLY INTO YOUR ACCOUNT AT END OF EACH MONTH.

IF YOU ARE PAID BY CHEQUE THEY MUST BE CASHED BY 4 WEEKS.

PLEASE DO NOT ENTER TOO MANY ITEMS AT ANY ONE TIME - SPACE IS LIMITED.
Often 3 of any item is adequate. Members should use their own discretion and common sense.

Check your own stock regularly and remove anything that is shop-soiled or damaged and replace for a "fresh look".

Every care is taken, but remember, stock is accepted at member's own risk. Damage and shop lifting do occur.

POINTS TO REMEMBER

ANY STOCK WHICH COULD BECOME SOILED, SHOULD BE PLACED IN A NEW PLASTIC BAG.

1. TICKETS SHOULD BE ATTACHED TO GARMENTS, NOT BAGS. Use either a gold safety pin or a stitch or tie to secure.
2. Plants must be rooted, in clean presentable pots, healthy and free from disease and pests. Cuttings are not acceptable. Tickets must be enclosed in small plastic bags. Members are asked to check and water plants as needed and they have the right to remove any considered unsaleable. Name of plant and indoor/outdoor.
3. Fruit and vegetables must be fresh and of good quality.
4. Jams and pickles etc must be in screw top jars with old labels and stickiness removed. All jars must have a calico top of adequate length fasted with a tie.
5. Labels must be neat, clearly listing all ingredients, type of jam / pickle, date cooked, (not entered), use by date, shop name i.e. CRAFT CORNER PARKES and Made by 'Name" or Code.
Computer labels are neater.
6. Cooking must be fresh, of high standard, sealed in plastic bags. Clingwrap is NOT acceptable. A list showing how long cakes / biscuits may be left for sale on noticeboard. PACKET CAKES AND FROZEN FOODS ARE NOT ACCEPTABLE.
7. Eggs must have an EGG STAMP on each egg. Must be CLEAN and in CLEAN CARTONS ONLY. Shelf life up to 1 month.
8. The Standards Committee checks stock entered twice weekly. New stock to be placed on appropriate shelves before closing time on Tuesdays and Thursdays. Any stock considered unsuitable, for any reason, will be left on the shelf with a note of explanation.

ANY QUERIES Please contact a member of the EXECUTIVE

President: Ann 0410 052 272 Treasurer: Sue 0427 921 460

Secretary: Lana 0439 633 114

RULES FOR STANDARDS COMMITTEE

JAMS AND PICKLES

CLEAN JARS, NO STICKY GLUE. NEAT LABELS AND TICKETS.

NAME OF JAM / PICKLES ON FRONT LABEL.

MUST INCLUDE PARKES CRAFT CORNER, 237 CLARINDA ST, PARKES.

LABEL ON BACK OF JAM/PICKLES TO LIST INGREDIENTS AND THE DATE MADE.

CALICO TOPS TIED WITH NEAT NYLON RIBBON.

COOKING

NEW FOAM TRAYS, NO FREEZER BAGS OR GLADWRAP TO BE USED.

NAME OF PRODUCT ON FRONT OF ITEM. DATE MADE.

LIST OF INGREDIENTS ON FRONT OF PRODUCT.

SEWING

NO LOOSE THREADS. STRAIGHT SEWING.

ALL SEAMS TO BE CAUGHT IN PROPERLY.

CLEAN NEW MATERIALS TO BE USED.

KNITTING AND CROCHET

TOYS MUST BE LINED IN INNER CASE AND SAFE FOR CHILDREN.

NO STICKON OR SEWN ON BUTTONS ON TOYS. EYES MUST BE SEWN.

ALL GARMENTS MUST BE CLEAN, NEAT AND IRONED. ALL YARN ENDS TO BE NEAT.

TYPE OF YARN EG ACRYLIC OR WOOL.

SIZE AND AGE OF CHILD ON CHILDRENS ITEMS.

SIZE ON ALL JUMPERS ETC.

EGGS

ALL EGGS MUST BE INDIVUALLY STAMP WITH EGG STAMP.

EGGS MUST BE CLEAN AND IN CLEAN CARTONS.

CARTONS OF EGGS SHOULD BE CHECKED WHEN SOLD.

PLANTS

CLEAN POTS AND TRAYS. NO BUGS ON PLANTS.

TICKETS TO BE PLACED IN SMALL CLEAR BAGS (BUGS EAT THE TICKETS).

NAME OF PLANT AND IF INDOOR PLANT.

PLANT SELLERS MUST HELP TO KEEP PLANT AREA CLEAN AND TIDY.

JEWELLERY

MUST BE ABLE TO BE USED FOR PURPOSE INTENDED.

ALL PRICE TICKETS MUST BE NEAT AND LEGIBLE

GOODS MUST BE REJECTED IF THEY DO NOT MEET THESE STANDARDS.

COOKING RULES

Duty ladies will be responsible for taking cooking off the shelves after following times have elapsed.

Scones.....	1 day
Cream cakes & sponges with cream (these must be refrigerated at all times)	2 days
Sponges without fresh cream	4 - 5 days
Lamingtons (these to be refrigerated in summer).....	4 days
Butter cakes.	5 days
Soft slices.....	5 days
Butter slices.....	7 days
Date rolls	2 weeks
Shortbread	7 days
Gingerbread	5 days
Cream biscuits	7 - 10 days
Biscuits (e.g. Anzacs).....	3 weeks
Apple or Fruit pies.....	3 - 4 days
Open Tarts	2 days
Light Fruit Cakes.....	3 weeks
Celebration Cakes (birthday & Christmas)	3 months
Chocolate Crackles in Fridge	1 week
Coconut Ice boiled	4 weeks
Coconut Ice copha.....	3 weeks
Chocolates	2 weeks
Rocky Road.....	2 weeks
Rum Balls.....	2 weeks
Truffles	2 weeks
Soup	4 - 5 days

All ingredients must be shown on all items including any coloring and preservatives used.

(Ingredients in chocolates must be shown fully).

Use by date must be used but must be same as shown above.

Cooking to be put at bottom of cupboard and moved up as room becomes available on higher shelves.

Cooking to be entered in consignment book.

New Foam trays and new clear plastic bags / cellophane bags are to be used.

Cardboard covered with foil or paper doily. (No freezer bags)

Sticky tape may be used to seal bags. Fix code tickets.

Fresh or mock cream to be stated on cooking.

Slice type to be put on tickets. (e.g. soft butter).

When cooking is taken off shelves it is to be put on back shelves with note saying why,

Dated & signed by the person on duty. (e.g. out of date 1/9/05- signature).

All cooks are responsible for their own cooking - anyone else to remove cakes, etc, if out of date or signs of deterioration are showing.

Duty people to check out of date cooking each morning.

Note: The health inspector has the right to inspect the kitchen of the member if complaints are received.

APPLICATION FOR MEMBERSHIP OF AN ASSOCIATION
COMBINED CRAFTS GROUP INC. (TRADING AS CRAFT CORNER)

(INCORPORATED UNDER THE ASSOCIATION INCORPORATED ACT 1984)

I, _____

of _____

Phone: _____ Mobile: _____

Email: _____

wish to apply for membership of the above-mentioned Incorporated Association.

In the event of my admission as a member, I agree to be bound by the Rules and Regulations of the Association. (I understand that there are no disabled facilities at the current premises.)

I also declare that all items submitted to Craft Corner are my own design and work and that I have not breached Copyright Laws.

Signed: _____ Date: ____/____/20____

Member Bank Details: Account Name: _____

BSB: _____ - _____ ACC NO: _____

I would like to work in the shop (circle): YES. NO. Preferred Days: MON. TUE. WED. THU. FRI. SAT
AM. PM.

I WISH TO NOMINATE THE APPLICANT, WHO IS KNOWN TO ME PERSONALLY,
FOR MEMBERSHIP OF THE ASSOCIATION.

Signed: _____ Date: ____/____/20____

I WISH TO SECOND THE APPLICANT FOR MEMBERSHIP OF THE ASSOCIATION.

Signed: _____ Date: ____/____/20____

