



TCF



# The Compassionate Friends, Queensland Inc Membership Form

**New Member**       **Renewal**

Annual membership subscription of \$25.00 (including GST) includes bi-monthly newsletter.

## REMITTANCE ADVICE

I wish to continue my membership and receive TCF Qld Newsletters .....

I enclose my annual membership subscription of \$25.00 (including GST) .....

Cash     Cheque/Money Order

Direct Deposit

Please contact the office for bank details (07) 3254 2657 - Make reference 'TCF Membership' and include your surname to enable us to identify your payment.

Please make cheque/money order out to The Compassionate Friends, Qld Inc and post to

The Compassionate Friends, Qld Inc  
PO Box 1930  
New Farm Qld 4000

I would prefer to receive my newsletter by email       by mail

I would like to become a member/renew my membership but am unable to pay at this time   
(No-one is refused contact or support because of financial circumstances)

*Please tick one of the following*

Bereaved Parent     Grandparent     Sibling     Professional

Other  .....

Name: .....

Address: .....

..... Postcode: .....

Phone: Home: ..... Daytime: .....

Mobile: .....

Email: .....

To ensure all details are correct on our database, we would appreciate you completing the reverse side of this form.

Any personal details collected by TCF are kept confidential but will be entered on our database only by authorised staff for the sole purposes of mailing such things as the newsletter, anniversary cards and other important information.

Please advise if you *do not* wish your personal details to be recorded in TCF's database.

Please fill in your child's details if you are applying for new membership.

If you are renewing your membership we would appreciate you also completing this section to ensure our data base is correct and up to date.

Your assistance is much appreciated.

Child's Name .....  
Surname .....  
Male  Female  Age .....  
Date of Birth ..... Anniversary Date .....  
Cause of death .....

Child's Name .....  
Surname .....  
Male  Female  Age .....  
Date of Birth ..... Anniversary Date .....  
Cause of death .....

Child's Name .....  
Surname .....  
Male  Female  Age .....  
Date of Birth ..... Anniversary Date .....  
Cause of death .....

**Membership Subscription**

Your membership subscription is used to produce the newsletter, to subsidise social, support and memorial functions throughout the year, to maintain our libraries, to send anniversary cards to all our families and phone service to the newly bereaved, so that they need not feel alone.

**FOR TCF QLD OFFICE USE ONLY:**

D.B. date:..... Initials:.....

W.L. date:..... Initials:.....

Received Cash  Cheque/Money order  Direct Deposit  Amount \$.....

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