



Application for New Membership

Please complete and return this form by post to Compassionate Friends Queensland at PO Box 275, Holland Park Qld 4121, or scan and email to admin@tcfqld.org.au.

Member Details

Membership Type:	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Associate
Name:				Date of Birth: ____/____/____
Address:				
Postal Address: (if different to above)				
Home Phone:			Mobile Phone:	
Email Address:				
Occupation:				

Joint Member Details (a partner living at the same address is included in your membership)

Name:				Date of Birth: ____/____/____
Home Phone:			Mobile Phone:	
Email Address:				
Occupation:				

Child, Sibling or Grandchild

Name:			Date of Birth: ____/____/____	<input type="checkbox"/> Male
Cause of Death:			Date of Death: ____/____/____	<input type="checkbox"/> Female
				<input type="checkbox"/> Non-Binary
				<input type="checkbox"/> Other
Include a Birthday Notice in TCFQ Magazine	<input type="checkbox"/> Yes (enter any text below) <input type="checkbox"/> No			
Include a Memorial Notice in TCFQ Magazine	<input type="checkbox"/> Yes (enter any text below) <input type="checkbox"/> No			