



Membership Application and Renewal Form

Loved Ones Details

Loved Ones Name:		Date of Birth:	__/__/____
Cause of Death:		Date of Death:	__/__/____

Would you like the anniversary of your loved one's death placed in our Magazine? Yes / No

Member Details

Name:		Date of Birth:	__/__/____
Address:			
Postal Address: <i>(if different to above)</i>			
Home Phone:		Mobile Phone:	
Email Address:			
Occupation:			
Relationship to loved one:		Signature:	

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

Name:		Date of Birth:	__/__/____
Home Phone:		Mobile Phone:	
Email Address:			
Occupation:			
Relationship to loved one:		Signature:	

Sibling Details (children under 18yrs are included on your membership, and will receive sibling loss support)

Name:		Date of Birth:	__/__/____
Home Phone:		Mobile Phone:	
Email Address:			
Relationship to loved one:			

Membership Options	Amount \$:	Quantity:	Total \$:
I would like to purchase / renew membership (including Digital magazine) <ul style="list-style-type: none"> receive a digital PDF of the TCFQ magazine to the email address above 	\$35.00		
I would like to purchase / renew membership (including Printed and Digital magazine) <ul style="list-style-type: none"> receive a printed copy of the TCFQ magazine by mail to the address above and a digital copy to the email address 	\$50.00		
I would like to support TCFQ through an additional donation (TCFQ is a registered charity and all donations over \$2 are tax deductible)			
Total:			\$



Payment Options:

Electronic Funds Transfer (Internet Banking)

please enter the reference as 'membership number (if known) and surname' ie '1234-Smith'

Suncorp Bank BSB: 484 799 Account: 506124003	Amount: \$	Receipt Number: #
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Credit Card

Visa MasterCard

Card Number:		Expiry:	__/__/__
Name on Card:		CCV:	
Cardholder signature:		Total Amount:	\$

Cheque

Please make cheques payable to 'TCFQ' and return with this form to the Secretary, TCFQ, 44 Newdegate Street Greenslopes Qld 4120.

I would like to renew my membership; however, I am unable to pay at this time

(note: no one is refused support due to financial hardship, please contact the TCFQ Office to discuss your options)

Confidentiality Statement:

Any personal information provided to TCFQ is kept confidential, it is recorded and accessed only by authorised staff for the purposes of communications including support meetings, quarterly magazine, events, and other information of interest to members.

TCFQ respects its member's right to privacy and we ask that you do not release the identities or personal details of fellow members or speak to the media, public or any other organisation about private conversations held at our peer meetings, without the prior consent from those concerned.

No information or statements about TCFQ or any information produced in TCFQ's communications may be released to the media without the prior approval of the President or nominated spokesperson of TCFQ. Any breach of confidentiality may lead to the cancellation of your membership.

Office Use Only:

Board of Management Approval: Meeting Date __/__/__

Proposed By:	Name:	Signature:
Seconded By:	Name:	Signature: