The Compassionate Friends Queensland
Supporting bereaved parents & their families

1300 064 068
National Support Line

07 3540 9949
Shop 4/970 Logan Road
Holland Park West QLD 4121
admin@tcfqld.org.au
compassionatefriendsqld.org.au

Membership Renewal

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

You can also renew online from our website at tcfqld.org.au/membership-renewal.

Member Contact Details (please complete to confirm we have your current contact details)

Name:		Phone:	
Email Address:			
Address:			

Membership Option

		Amount $:
☐ Bereaved Member (no charge)	Membership including a digital copy of the magazine sent to your email address	
☐ $35.00 - Associate Member	Membership including a digital copy of the magazine sent to your email address	
☐ $25.00 – Print Newsletter	Receive a printed copy of the newsletter sent to your mail address	
☐ Donation	I would like to support TCFQ through an additional donation (all donations over $2 are tax deductible)	
	Total Paid	**$**

Payment Method

Direct Deposit	Use our BSB and Account Number, or our PayID. Enter your name as the reference.	Bank: Suncorp BSB: 484 799 Acct: 506 124 003 Name: The Compassionate Friends Qld	Pay ID 50417846806
Credit Card	Please phone us to take payment or pay online at tcfqld.org.au/membership-renewal		

Consent and Declaration

I consent to my personal details being collected and recorded by TCFQ in accordance with TCFQ's Privacy Policy.
I agree to abide by the TCFQ Constitution and Rules in tcfqld.org.au/constitution and to uphold the Principles of TCFQ in tcfqld.org.au/principles.

Date: ____/____/_____ Signature: ……

Notice of Public Liability Insurance

The Compassionate Friends Queensland maintains public liability insurance with a limit of $20,000,000.
Further information about TCFQ's insurance arrangements is available to members on request

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Membership Details (if changed)

Please enter details of any changes you wish to make to your membership details.

Member Details

Membership Type:	☐ Parent ☐ Sibling ☐ Grandparent ☐ Associate		
Name:		Date of Birth:	____/____/_____
Address:			
Postal Address (if different)			
Mobile Phone:		Home Phone:	
Email Address:			
Occupation:			

Joint Member Details (partner or spouse living at same address)

Name:			
Phone:		Date of Birth	____/____/_____
Email Address:			
Occupation:			

Child, Sibling or Grandchild

Name:		Date of Birth:	____/____/_____
Cause of Death:		Date of Death:	____/____/_____
Include a Birthday Notice in TCFQ Magazine ☐ Yes (enter text) ☐ No:			
Include a Memorial Notice in TCFQ Magazine ☐ Yes (enter text) ☐ No:			