



Membership Renewal

Please complete and return this form by post to Compassionate Friends Queensland at 44 Newdegate St, Greenslopes Qld 4120, or by email to admin@tcfqld.org.au.

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

Name:		Phone:	
Email Address:			

Membership Option

		Amount \$:
<input type="checkbox"/> \$35.00 - Digital Membership	Membership including a digital copy of the magazine sent to your email address	
<input type="checkbox"/> \$50.00 - Print Membership	Membership including a digital copy of the magazine sent to your email address and a printed copy sent to your mail address	
<input type="checkbox"/> Free – Financial Hardship	Free membership is available if you are unable to pay at this time (please consider making a donation to support us)	
<input type="checkbox"/> Donation	I would like to support TCFQ through an additional donation (TCFQ is a registered charity and all donations over \$2 are tax deductible)	
Total Paid		\$

Payment Method

Direct Deposit	Direct deposit to our Account enter the reference number as your initial and surname	Bank:	Suncorp
		BSB:	484 799
		Account:	506124003

Credit Card	Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Card Number:	
	Expiry:	___/___	Name on Card:	
	CCV:		Signature:	

Cheque	Please make cheques payable to 'TCFQ' and return with this form
---------------	---



Update to Membership Details

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

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: <i>(if different to above)</i>				
Home Phone:			Mobile Phone:	
Email Address:				
Occupation:				

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:				

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:				

Loved Ones Details (print additional copies for multiple children)

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