



The Compassionate Friends Queensland

Supporting Family After a Child Dies



2021 Membership Application and Renewal Form

Dear Valued Members and Associates,

The Compassionate Friends, Queensland Inc (TCFQ) is one of Queensland's most highly regarded community support services and is constantly evolving to meet the needs of its members and the wider community.

TCFQ has a proud history of providing nurturing support to our members and are privileged to walk alongside them as they navigate the journey of living in the aftermath of the loss of a child.

TCFQ offers 24-hour emotional support, personal advocacy and information to parents, siblings, and grandparents, affected by the loss of a child, regardless of age, gender, culture, or religion.

Formed over 20 years, TCFQ's foundations have been built on compassion, support, and commitment to those bereaved family members that come to us for support. The altruistic nature of its Board of Management, Staff and Volunteers are characteristics that have allowed TCFQ to develop a high quality and personalised support service to nearly 500 new people each year who experience first-hand the devastating effects of losing a child.

TCFQ is not only an organisation with strong ties to the community and a commitment to promoting the rights of bereaved parents, siblings and grandparents, but is fundamentally a place of solace and refuge for those who are attempting to piece their lives back together after the tragic and often senseless loss of someone they love.

We invite you to apply for or renew membership with TCFQ to benefit from the nurturing support we offer our members. All proceeds from your membership and donations go directly to assisting us in continuing to provide a range of programs and services to make a difference for bereaved families in need

Please fill in the form below to secure your membership and return it to PO Box 1930, New Farm, Qld 4005 or admin@tcfqld.org.au.

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.

Warm Regards

Tina Good

State Business Manager

The Compassionate Friends, QLD Inc

ABN: 504 178 468 06





2021 Membership Application and Renewal Form

Membership Details:

Membership Type:

Parent Sibling Grandparent Associate/Professional (description) _____

Loved Ones Name:		Date of Birth:	___/___/___
Cause of Death:		Date of Death:	___/___/___

Would you like the birthday of your loved one and/or an in memorium notice placed in our quarterly Magazine? Yes / No

If yes, please provide the text you wish to be included: (please attach separate details if you have more than one loved one)

Full Member Details:

Name:		Date of Birth:	___/___/___
Address:			
Postal Address: (if different to above)			
Home Phone:		Mobile Phone:	
Email Address:			
Occupation:			
Relationship to loved one:		Signature:	

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

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

(children under 18yrs can be included on your membership, and will receive sibling loss support, please attach separate details if you have more than one child to be included)

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



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Membership Options:		Amount \$:	Quantity:	Total \$:
<input type="checkbox"/>	I would like to purchase / renew membership (including Digital quarterly magazine) <ul style="list-style-type: none"> • receive a digital PDF of the TCFQ magazine to the email address above 	\$35:00*~		
<input type="checkbox"/>	I would like to purchase / renew membership (including Printed quarterly magazine) <ul style="list-style-type: none"> • receive a printed copy of the TCFQ magazine by mail to the address above 	\$50:00*~		
<input type="checkbox"/>	I would like to support TCFQ through a donation^			
<i>*Inclusive of GST</i> <i>^Donations over \$2 are tax deductible</i> <i>~Pay before 1 December 2020 and receive an early payment discount of \$5.00</i>				Total: \$

Payment Options:

Electronic Funds Transfer (Internet Banking): (please enter the reference as 'membership number 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, PO Box 1930, New Farm QLD 4005

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

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

Office Use Only:

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

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