



Queensland Homicide Victims' Support Group

Family Support After Murder Incorporated
ABN: 88 536 686 758 | Registered Charity Number 1253

P O Box 292 LUTWYCHE Qld 4030
Email: admin@qhvsg.org.au
Website: qhvsg.org.au
Tel: 07 3857 4744
24hrs Support: 1800 774 744

NEW MEMBERSHIP APPLICATION

We invite you to become a member of QHVSG and experience first-hand the nurturing support we offer our members. As part of our strategic plan and review, the Board has reduced membership to make it affordable to all members and have set the membership at just \$1 per person.

Queensland Homicide Victims' Support Group (QHVSG) 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.

QHVSG has a very proud history of providing nurturing support to our members and are privileged to walk alongside them as they navigate the horrendous journey of living in the aftermath of homicide.

QHVSG offers 24-hour emotional support, personal advocacy and information to all people affected by homicides that occur in Queensland, regardless of age, gender, culture or religion.

Formed over 20 years, (QHVSG) foundations have been built on passion, enthusiasm for change, commitment to cause, and the altruistic nature of its Management Committee, Staff and Volunteers. These characteristics have allowed QHVSG to develop a high quality and personalised support service to nearly 500 new people each year who experience first-hand the devastating effects of homicide.

QHVSG is not only an organisation with strong ties to the community and a commitment to promote the rights of homicide victims, but is fundamentally a place of solace and refuge for those who are attempting to piece their lives back together after the tragic and senseless loss of someone they love.

Please fill in the form below to secure your membership and return it to PO Box 292, LUTWYCHE, Qld 4030 or admin@qhvsg.org.au.

Confidentiality Statement:

QHVSG respects your privacy. No information about your personal particulars will be used for any purpose other than keeping you in touch with the affairs of QHVSG. Your details will not be passed to any other person or organisation without your approval. 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 QHVSG or any information produced in QHVSG's communications may be released to the media without the prior approval of the President or nominated spokesperson of QHVSG. Any breach of confidentiality may lead to the cancellation of your membership.

Applicants' 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 monthly News-Link? Yes No

Description:	Quantity:	Amount \$:
I would like to purchase a new \$1* membership		
I would like to purchase a renewal \$1* membership		
I would like to support QHVSG through a donation**		

*Inclusive of GST

**Donations over \$2 are tax deductible via our charity number 1253

Total \$:



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Member 1

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:		

Family Member 2

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:		

Additional Members see over

Payment Options:

Electronic Funds Transfer: (Internet Banking):

Bank of Queensland (BOQ) BSB: 124 009 Account: 20132624	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 'QHVS'G' and return with this form to the Finance Officer, QHVS'G, PO Box 292, Lutwyche QLD 4030

Office Use Only:

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

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



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Family Member 3

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:	

Family Member 4

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:	

Please attach details of any other members of your family who you wish to include in your Family Membership.

Notice:

In accordance with Regulation 9 of the Associations Incorporation Regulations, you are advised that QHVSG has current Public Liability Insurance coverage of \$20 million.