



# 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](mailto:admin@qhvsg.org.au)  
Website: [qhvsg.org.au](http://qhvsg.org.au)  
Tel: 07 3857 4744  
24hrs Support: 1800 774 744

## MEMBERSHIP RENEWAL FORM

We invite you to renew your membership of QHVSG and continue to receive information about your organisation and experience firsthand 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.

Please fill in the form below to renew your membership for 2016-17 and return it to PO Box 292, LUTWYCHE, Qld 4030 or [admin@qhvsg.org.au](mailto:admin@qhvsg.org.au).

### Confidentiality Statement:

QHVSG respects your 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 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.

### Member 1

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

### 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 'QHVSG' and return with this form to the Finance Officer, QHVSG, PO Box 292, Lutwyche QLD 4030

### Office Use Only:

Board of Management Approval: Meeting Date \_\_\_/\_\_\_/\_\_\_



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## OPTIONAL

**Please update the contact details of any family members whose details may have changed**

### Family Member 2

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

### Family Member 3

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