

QHVSG 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 personalized support service to nearly 150 new families each year who experience first-hand the devastating effects of homicide.

QHVSG is not only an organization 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 us via P O Box 194, CLAYFIELD, QLD, 4011 or via email admin@qhvsg.org.au. The information provided by you on this form is for the sole use of QHVSG and will not be redistributed to any other parties.

Confidentiality Statement:

QHVSG respects its members' 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 organization 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.

Please find rules of the association on our website www.qhvsg.org.au

Membership Details:

Loved Ones Name:			
Date of Birth:		Date of Death:	
Your Name:			
Relationship to deceased:		Date of Birth:	
Address:			
Postal Address: (if different to above)			
Home Phone:		Mobile Phone:	
Email Address:		Occupation:	

QHVSG recognizes that children are impacted by homicide. These details will be kept strictly confidential and only serve to allow QHVSG to better support your family, as children affected by homicide need very different care than adults. There is no financial membership available for persons under 18 yrs.

Childs Name: (any additional children please provide on separate attachment)	Childs Age: (please give child's age now and at time of tragedy if different)	Childs relationship to deceased: (ie child, sibling, niece, nephew, grandchild etc.)

- Would you like the anniversary of your loved one's death placed in our monthly newsletter? Yes No
- Would you like to receive our monthly newsletter called News-link? Yes No
- Would you like to receive a letter and/or a phone call on the anniversary of your loved one's death? Yes No
- Do you give permission for a photo of your loved one and/ or yourself to be displayed at QHVSG events? Yes No
(If yes, please send a photo of your loved one with this form)
- Do you identify as being Aboriginal or Torres Strait Islander descent? Yes No
- Do you identify as being South Sea Islander descent? Yes No
- Do you identify as Culturally and Linguistically diverse? Yes No
- What is your country of origin? _____
- Is English the primary language spoken? Yes No If not, please give details? Do you identify as having a physical or intellectual impairment? _____ Yes No
- Do you have any other special support needs you would like QHVSG to be aware of? _____ Yes No

Description:	Please delete as required	Amount
I would like to become a financial member and purchase a \$1* membership (only required if you wish to volunteer, become a Board member or vote at our AGM).	Yes / No	\$1.00
I would like to become a member and service user of QHVSG, but do not wish to be financial at this time.	Yes / No	Nil
I would like to support QHVSG through a tax deductible donation**	Yes / No	
<i>*Inclusive of GST; **Donations over \$2 are tax deductible via our charity number 1253</i>	Total \$:	

Signature: _____ **Date:** _____

By signing this form, you agree: all details provided are accurate; to abide by our confidentiality statement; to consent to QHVSG contacting you.

Payment Options:

Electronic Funds Transfer: (Internet Banking):

Westpac BSB: 034 086 Account: 308940	Amount:	Receipt Number:	#
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Credit Card: Visa MasterCard

Card Number:	Expiry:
Name on Card:	CCV:
Cardholder signature:	Total Amount:

Office Use Only: (for new financial members only)

Meeting Date: _____

Board of Management Approval:

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