

QUEENSLAND HOMICIDE VICTIMS' SUPPORT GROUP

Family Support After Murder Incorporated ABN 88 536 686 758

Registered Charity No 1253

Patron: Queensland Police Commissioner Bob Atkinson APM

PO Box 292 LUTWYCHE QLD 4030

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Free Call Number: 1800 77 4744

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Application for Associate Membership

Membership of the Queensland Homicide Victims' Support Group is open to people affected by homicide (Ordinary Members) and members of the public who wish to support the aims and objectives of the Group (Associate Members). People may choose to support the QHVSG by becoming an Associate Member; eg .police officers, solicitors, counsellors and students. Associate Members are entitled to the following QHVSG services:

- Access to monthly newsletter
- Invitations and in some cases discounts to QHVSG events
- Ability to have a voice within the organisation ,and to vote at any general meeting of the members

We invite you to make an application:

Associate Member of QHVSG is \$11.00 per year; (Includes GST)

Your Name: _____

Organisation: _____

Postal address: _____ **State:** _____ **P.C.** _____

Telephone: Home: _____ **Work:** _____

Mobile _____ **E-Mail** _____

How do you wish to receive your copy of NewsLink (please circle): **Email** **Mail**

Approval of Associate Membership is at the discretion of the Management Committee. To enable the Committee to consider your application, could you please provide some details on why you would like to become an Associate Member, what other groups you are a Member of (if any) and (if applicable) what volunteer skills you can offer.

CONFIDENTIALITY AGREEMENT

The QHVSG respects our family's need for privacy. In order to maintain our members' privacy, we ask that you do not release the identities or personal details of fellow members or speak to the media, non-members or any organisation about private conversations held at our meetings, without the permission from the member/s concerned. No information or statements about the Group, or any information produced in the Group's newsletters/publications may be released to the media without the prior approval of the President or nominated spokesperson of the Group. Any breach of confidentiality may lead to expulsion from the Group.

Signed: _____ **Date:** _____

Proposer Name and Signature _____

Seconder Name and Signature _____

Office Use Only

Committee Meeting Date _____ Moved _____ Seconded _____