



MEMBERSHIP AND CONFIDENTIALITY FORM 2012/13

PERSONAL INFORMATION



Homicide Serious Personal Violence
Associate Member Volunteer

SECTION ONE

First name _____ Last name _____
Address _____
City/State _____ Postcode _____
Phone _____ Mobile _____
Email _____
DOB _____

SECTION TWO - FOR NEW MEMBERS ONLY

Details of Crime

Nature of experience/s of serious personal crime/s (not essential but helps us to be sensitive to your needs)

Primary Victims Details (if not yourself) *Optional:*

PVOH DOD _____ PVOH DOB _____
Primary Victims' Name _____ Relationship to you _____
Date of Crime _____ Place of crime _____

Please tell us anything else you would like us to be aware of about your experience of serious personal violence:

SECTION THREE

CONFIDENTIALITY

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force. I understand in order to maintain our members' privacy, I will not give out telephone numbers and/or addresses of fellow members or speak to the media, non-members or any organisation, about private conversations without the express permission from the member concerned and/or our Director. Any breach of confidentiality may lead to expulsion from the group.

Signed _____

Date _____ (all applications must be signed and dated)

MEMBERSHIP FEES STRUCTURE

Individual Unwaged or Student	\$ 10.00
General Membership	\$ 25.00
Organisations less than 10 people	\$ 50.00
Large Organisations	\$100.00

PAYMENT DETAIL

Amount Paid: _____
Date: _____
Receipt # _____
Payment Type _____

I am paying by (please circle) Cash / Cheque / EFT *Donations can be made via direct deposit to:*
BSB: 633000 Account: 13454 9559 Reference: Your name

Office use only Data entry _____ Date _____

Nomination

PROPOSED BY: _____ SECONDED BY: _____
Signed _____ Signed _____
Date _____ Date _____