

# MEMBERSHIP AND CONFIDENTIALITY FORM 2014/15

## PERSONAL INFORMATION

NEW APPLICATION / RENEWAL (PLEASE CIRCLE)

Homicide  Serious Personal Violence  Associate Member  Volunteer



### SECTION ONE – PERSONAL INFORMATION

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 applicable) *Optional:*

PVOH DOB	PVOH DOD
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 organisation.

Signed \_\_\_\_\_

Date \_\_\_\_\_ (all applications must be signed and dated)

MEMBERSHIP FEES STRUCTURE		PAYMENT DETAIL	
Individual Unwaged or Student	\$ 10.00	Amount Paid:	_____
General Membership	\$ 25.00	Date:	_____
Organisations less than 10 people	\$ 50.00	Receipt #	_____
Large Organisations	\$100.00	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: Mship & Your name

Office use – for new members only Data entry \_\_\_\_\_ Date \_\_\_\_\_

#### Nomination

PROPOSED BY:

SECONDED BY:

Signed

Signed

Date

Date