

MEMBERSHIP AND CONFIDENTIALITY FORM 2017/18

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 Traumatic Experience

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

Primary Victims (PV) Details Optional (if applicable):

PV DOB _____ PV DOD _____
Primary Victims' Name _____ Relationship to you _____
Date of Trauma _____ Place of Trauma _____

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)

Table with 2 columns: MEMBERSHIP FEES STRUCTURE and PAYMENT DETAIL. Rows include fee amounts for different membership types and payment information fields.

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 _____

PO Box 359 MAYLANDS, WA, 6931, AUSTRALIA

08 9272 2242 admin@angelhands.org.au www.angelhands.org.au

ABN 37 256 294 316