

PALLIATIVE CARE QUEENSLAND

Membership Application & Renewal Form

2009—2010



Member or Contact Person in Organisation

Organisation (if applicable): _____

Title: _____ First Name: _____ Surname: _____

Address Details

Preferred Email address: _____

Postal Address: _____

_____ Postcode: _____

Tel: (W) _____ (H) _____ (M) _____

Membership Category

New Member Renewing Member Former Member

Individual Member Organisational Member Corporate Member

Payment Information

MasterCard

Visa

Cheque

Card No: _____ / _____ / _____ / _____ Exp Date: _____

Name on Card: _____

Signature: _____ Date: _____

Cheques should be made payable to: **Palliative Care Queensland Inc.**

Do you require a receipt for tax purposes? Yes / No

Please indicate here whether you prefer the receipt to be forwarded via email or mail. Mail / Email

Fees: **Individual—\$65.00** (Incl GST), **Organisational—\$250.00** (Incl GST), **Corporate—\$500** (Incl GST)

For information about privacy or your entitlements as a member of PCQ, please visit:

www.palliativecareqld.org.au

Palliative Care Queensland Incorporated

117 Copperfield Street,
Geebung 4034 Qld

PO Box 437 Virginia,
QLD, 4014

Fax (07) 3633 0086

FreeCall: 1800 660 055

Phone: (07) 3633 0096

Email: enquiries@palliativecareqld.org.au

Website: www.palliativecareqld.org.au