



S.O.S.
SURVIVORS OF SUICIDE
BEREAVEMENT SUPPORT
ASSOCIATION INC.

PO Box 334
SPRINGWOOD QLD 4127
Telephone: 1300 767 022

Application/Renewal for/of Membership

Name/s _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Telephone (h): _____ (Mobile) _____

Deceased Person: _____ M/F _____

Deceased
Relationship to you: _____

Date of loss: _____ Age: _____

I/We understand that all information is collected for the purpose of providing a service to the members of the association but is also protected under the provisions of the Privacy Act. I/We apply for membership to SOSBSA and understand that my/our membership is bound by the conditions set out in the SOSBSA's constitution. I/We enclose payment in the sum of \$_____ and/or a donation of \$_____

Being a total amount of \$_____

I wish to receive the Bi-monthly newsletter by **Email / Mail**

Signature/s of Applicant/s:

_____ Date _____

Pensioner /Students	\$20.00 per annum
Adult Member	\$30.00 per annum
Family Membership	\$50.00 per annum
Not-for-Profit Organisations	\$50.00 per annum
Affiliate Business Member	\$100.00 per annum

Thank you for your support



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