



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

Printed Newsletter Request For Non-Financial Members

I acknowledge that I have been receiving the SOSBSA bi-monthly newsletter in the mail. I also acknowledge that I have been advised of the policy relating to the provision of printed newsletters – that is that they will be provided free for 12 months from the time that I contact SOSBSA. After this period they will be cancelled if I am not a financial member.

I acknowledge that SOSBSA has provided me with the opportunity to receive the newsletter indefinitely at no cost if I'm prepared to receive it via email.

I am NOT a financial member of SOSBSA, however I would like to receive your bi-monthly newsletters printed and in the post.

My reasons for not being able to become a financial member are:

My details are as follows:

Name/s _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Telephone (h): _____ (Mobile) _____

Signature/s of Applicant/s:

_____ Date _____

Note: SOSBSA Management Committee will assess this request and they reserve the right to reject this request if they believe the reasons are not sufficient. SOSBSA reserves the right to cease providing hard-copy newsletters by mail to non-financial members at any time in the future.

Thank you for your support



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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**

I am happy to receive other relevant information from networks of SOSBSA? **Yes / No**

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