



The Compassionate Friends  
ACT & Queanbeyan Inc.

**Membership Form**

Date: .....

Name/s: .....

Address: .....

..... Postcode: .....

Email: ..... Phone: .....

Name/s of the deceased child/ sibling/grandchild	Relationship: Son/daughter/ brother/sister/ grandchild	Date of Birth	Date of Death	Age	Would you like the child's anniversary to appear in the newsletter?	Would you like to receive an anniversary card?
					Yes or No	Yes or No

**Membership is free. You will remain a member until you opt out.**

Donations are welcome to help cover the cost of member activities. Amounts of \$2 or more are tax deductible.

Account Name: The Compassionate Friends ACT & Queanbeyan Inc.

Bank: Commonwealth Bank.

BSB: 062 914

Account number: 28017420

Contact the Treasurer Chris Wronski with any queries: [chriswron@bigpond.com](mailto:chriswron@bigpond.com) or 6288 8514

Signature: .....

- **Return completed form to the Membership Coordinator Jayne Steel: [jaynelouise.steel@gmail.com](mailto:jaynelouise.steel@gmail.com)**

