

#### A MEMBERSHIP THAT'S TRULY REWARDING

When you become a member of Palliative Care Queensland, you are helping to build nurturing and compassionate communities. You will be supporting us in making positive changes to palliative care, encouraging much-needed conversations around life, death and grieving and helping PCQ to shine.



#### Our priorities are that:

- All Queenslanders are able to live every day until their last
- All Queenslanders are able to have a dignified death, regardless of their illness, age, culture or location
- All Queenslanders have access to a supportive social network at the end stage of life, and the choice of holistic, quality and culturally appropriate palliative care

## BECOME AN INDIVIDUAL MEMBER

#### **ONLY \$75 PER YEAR**

- Newsletters
- Benefits and discounts
- Get involved in advocacy
- Member only events

# BECOME AN ORGANISATIONAL MEMBER

#### **ONLY \$300 PER YEAR**

- Newsletters
- Benefits and discounts
- Get involved in advocacy



Join us





### PCQ ORGANISATION MEMBERSHIP FORM

Information about the organisation/company							
Has your organisation/company been a member of PCQ before	ore?		yes	n	10	unsure	
Name of your organisation/company							
Address of your organisation/company							
Phone number of your organisation/company							
How would you describe your organisation/company?							
Generic email address of your organisation/ company							
How many employees does your organisation/company have?		1-10		11-50		51-100	over 100
How many volunteers does your organisation/company have?							
Website of your organisation/company							
Does your organisation have a Reconciliation Action Plan?		yes	ļ	no			
Information about the key contact for the orga	anisati	ion/co	omp	any			
Key contact name							
Key contact email							
Key contact phone							
Key contact role in organisation/company							
Payment Details (\$300 including GST for 1 year	ar orga	anisat	tion	al me	mbe	rship)	
Credit Card Payment Please tick your membership option 1 year - \$300	Name	on car	d:				
	Card r	number	:				
	Expiry	/ date:					
	CCV:						
Please send me an invoice							