



Wildcare Queanbeyan Inc.
 PO Box 1404
 Queanbeyan NSW 2620
 (02) 6299 1966
www.wildcare.com.au

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

First Name:		Surname:	
Street Address:			
Suburb/Locality:		State:	Postcode:
Postal Address (If different to above):		Date of Birth:	
Email: Include on Possum Post Email Distribution List? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mobile:	
Home Phone:		Work Phone:	

RESCUE ACTIVITY

Important Conditions: Prior to being authorised as a rescuer, you must complete the Basic Rescue and Orientation Course. Once you have completed this course your name, street address, suburb, phone number(s), availability and area for activity will be included on the **Wildcare Rescuer List**. This list is for the sole use of Phone Roster volunteers.

- I agree to the above conditions: Yes No
- I agree to the above conditions but I do not want my street address listed: Yes No

I am interested in becoming a rescuer for following types of rescues:

<u>Macropods</u> <input type="checkbox"/> Pinkies <input type="checkbox"/> Pouch Young <input type="checkbox"/> Fence Hangers <input type="checkbox"/> Sub-Adult <input type="checkbox"/> Large Macropods	<u>Wombats</u> <input type="checkbox"/> Pinkies <input type="checkbox"/> Pouch Young <input type="checkbox"/> Sub-Adult <input type="checkbox"/> Adult	<u>Possums / Gliders</u> <input type="checkbox"/> Pinkies <input type="checkbox"/> Pouch Young <input type="checkbox"/> Sub-Adult <input type="checkbox"/> Adult
<u>Birds</u> <input type="checkbox"/> Fledglings <input type="checkbox"/> Water Birds <input type="checkbox"/> Other Birds <input type="checkbox"/> Raptors	<u>Bats</u> (Proof of immunisation required) <input type="checkbox"/> Microbats <input type="checkbox"/> Flying Foxes	<u>Reptiles</u> <input type="checkbox"/> Lizards (Small) <input type="checkbox"/> Monitors (Large) <input type="checkbox"/> Turtles <input type="checkbox"/> Frogs
<u>Specialist Species</u> <input type="checkbox"/> Echidnas <input type="checkbox"/> Platypus <input type="checkbox"/> Koalas <input type="checkbox"/> Snakes	<u>Rescue Availability</u> <input type="checkbox"/> All Times <input type="checkbox"/> After Hours (5pm-Midnight) <input type="checkbox"/> After Hours (Midnight-6am) <input type="checkbox"/> Weekends <input type="checkbox"/> Other:	<u>Area for Rescue Activity</u>

FIREARMS ACTIVITY (ANIMAL EUTHANASIA)

Important: To be a Wildcare Shooter you must possess the required firearms licences and meet the requirements determined by applicable legislation and the Firearms Coordinator.



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Do you have a valid Firearms Licence? Yes No

Are you willing to undertake the necessary training and licensing to assist in the humane euthanasia of severely-injured Wildlife? Yes No

Important Conditions: Your name, suburb, phone number(s), availability and area for activity will be included on the **Wildcare Shooter List**. This list is for the sole use of Phone Roster volunteers.

I agree to these conditions: Yes No

I agree to the above conditions but I do not want my suburb listed: Yes No

If you answered Yes to the above questions, the Firearms Coordinator will contact you directly to discuss requirements.

Availability

- All Times
- After Hours (5pm-Midnight)
- After Hours (Midnight-6am)
- Weekends
- Other:

Area for Activity

CARING ACTIVITY

Important: To be granted authority to be a Wildcare Carer you must:

- be aged 18 years or over;
- have completed relevant and approved training courses;
- reside in Wildcare's area of operation (or other wildlife group where an MOU is in place); and
- be endorsed by the relevant Species Coordinator.

I confirm I meet these conditions: Yes No

I am interested in caring for the following:

(Authority to care is subject to endorsement by the relevant Species Coordinator)

Macropods

- Pinkies
- Pouch Young
- Fence Hangers (Injuries)
- Sub-Adult
- Large Macropods

Wombats

- Pinkies
- Pouch Young
- Sub-Adult
- Adult

Possums / Gliders

- Pinkies
- Pouch Young
- Sub-Adult
- Adult

Birds

- Fledglings
- Water Birds
- Other Birds
- Raptors

Bats

(Proof of immunisation required)

- Microbats
- Flying Foxes

Reptiles

- Lizards (Small)
- Monitors (Large)
- Turtles
- Frogs

Specialist Species

- Echidna
- Koalas
- Platypus
- Snakes



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SUPPORTER ACTIVITY

I would like to support Wildcare in the following activities:

- | | |
|--|--|
| <input type="checkbox"/> Phone Roster | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> PR and Marketing |
| <input type="checkbox"/> Construction (e.g. enclosures/aviaries) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Woodwork (e.g. possum/glider/nesting boxes) | <input type="checkbox"/> Other: [Please specify] |
| <input type="checkbox"/> Transport of animals | |

PRIVACY

Important: As a member, your personal details will be included on the main **Wildcare Membership List** which must be made available to the Office of Environment and Heritage as a condition of Wildcare's licence.

A separate **Wildcare Contact List** is made available for the sole use of Wildcare Members. This list is accessible via the member's only section of the Wildcare Website. Unauthorised distribution and/or disclosure of the information contained in the **Wildcare Contact List** is prohibited. Please make a selection:

- I approve for the following to be included on the **Wildcare Contact List**:
- Name
 - Phone number(s)
 - Suburb/Locality

- I do not want my details included on the **Wildcare Contact List**.

If you have any questions or concerns about the privacy of your information please refer to the Wildcare Privacy Policy accessible on the Wildcare website.

FEES

- Member (\$45) Pensioner (\$25) Discount for additional family member at same address (\$35)

DECLARATION

- I agree to be bound by Wildcare's Constitution, By-Laws, Licence conditions, rules and policies and any other regulations required by relevant authorities. (These documents are available on the Wildcare website)
- I undertake to attend the required training/refresher courses, taking care not to endanger myself or others during such courses or during any rescue, rehabilitation and/or release of native animals.
- I am aware I may be in close proximity to native animals during any training course, animal rescue, rehabilitation and/or release.
- I acknowledge that due to the unpredictable nature of these animals, accidents can occur and that the organisers/trainers/association cannot be held liable.
- I declare that the information I have provided on this form is true and correct.

Signature:

Date:

NB: If submitting this form electronically it is accepted that you have consented to the above conditions without a signature.



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LODGEMENT & PAYMENT INSTRUCTIONS

In order for your membership application to be processed, both your completed membership application form and confirmation of payment must be received, either via email to membership@wildcare.com.au or posted to:

Wildcare Queanbeyan Inc.
PO Box 1404
Queanbeyan NSW 2620

Please indicate your payment method below.

Direct Deposit

Account Name: Wildcare Queanbeyan Inc.
BSB: 062-593
Account Number: 2802 6717
Reference: Membership [Your Name]

Cheque

Cheques Payable to: Wildcare Queanbeyan Inc.
Include: Your Name, Address & Phone Number
Reference: Membership

Post to: Membership
Wildcare Queanbeyan Inc.
PO Box 1404
Queanbeyan NSW 2620

PayPal

Go to: [PayPal](https://www.paypal.com)
Pay to: treasurer@wildcare.com.au
Australian dollars only
Please add \$2 to cover PayPal fees