

APPLICATION FOR MEMBERSHIP RENEWAL 2017

PERSONAL DETAILS	
First name:	Surname:
Address:	
City/Suburb:	State: NSW
Postcode:	
Postal address (if different to above):	
Home phone:	Mobile:
Work phone:	Email:
I wish to participate in the following (please tick as many boxes as appropriate):	
<input type="checkbox"/> Rescuer	Availability <input type="checkbox"/> All times
<input type="checkbox"/> Snake handler	<input type="checkbox"/> After hours and weekends
<input type="checkbox"/> Shooter <small>(requires valid firearms licenses)</small>	<input type="checkbox"/> Other (please specify e.g. weekends only, M T W T F S S etc.)
Locality for rescues e.g. (Qbn/Bungendore/Bywong, Young area, North of ACT etc.)	
<input type="checkbox"/> Carer	Please indicate the species you may be interested in caring for: <input type="checkbox"/> Birds <input type="checkbox"/> Macropods (kangaroos, wallabies) <input type="checkbox"/> Reptiles (no snakes) <input type="checkbox"/> Wombats <input type="checkbox"/> Small Mammals (eg possums, echidnas) <input type="checkbox"/> Snakes <input type="checkbox"/> Bats (proof of immunisation required)
<input type="checkbox"/> Supporter	Are you able to assist with any of the following: <input type="checkbox"/> Phone Roster <input type="checkbox"/> Fund Raising <input type="checkbox"/> Financial <input type="checkbox"/> Sewing <input type="checkbox"/> Construction <input type="checkbox"/> PR and Marketing <input type="checkbox"/> Transport of animals <input type="checkbox"/> Making Possum & Glider boxes <input type="checkbox"/> Other (Please specify)

Please note: Your eligibility to be involved in certain activities requires that you meet certain criteria in accordance with NSW legislation and Wildcare's license. If you wish to care for animals you will need to be 18 years of age or older, reside within the Wildcare area of operation and have completed the relevant training courses. If you are renting, you will need the permission of your landlord to have native animals at your property.

EXPERIENCE AND ENVIRONMENT	
Are you, or have you been, a member of another wildlife rescue / rehabilitation group?	
If you think your property may be suitable for enclosures and/or as a release site, please provide details (e.g. size, vegetation, fencing etc)	
If you are an active shooter please provide firearm license numbers, date achieved etc.	
Have you completed any training courses in the last 3 years? If so please list the course and date (if known)	

Training History			
Species	Trained to rescue	Trained to rehabilitate	Comments
Macropods	<input type="checkbox"/>	<input type="checkbox"/>	
Wombats	<input type="checkbox"/>	<input type="checkbox"/>	
Possums	<input type="checkbox"/>	<input type="checkbox"/>	
Gliders	<input type="checkbox"/>	<input type="checkbox"/>	
Birds	<input type="checkbox"/>	<input type="checkbox"/>	
Lizards	<input type="checkbox"/>	<input type="checkbox"/>	
Land Turtles	<input type="checkbox"/>	<input type="checkbox"/>	
Frogs	<input type="checkbox"/>	<input type="checkbox"/>	
Raptors	<input type="checkbox"/>	<input type="checkbox"/>	
Koalas	<input type="checkbox"/>	<input type="checkbox"/>	
Bats/flying foxes**	<input type="checkbox"/>	<input type="checkbox"/>	
Venomous reptiles	<input type="checkbox"/>	<input type="checkbox"/>	
Snakes	<input type="checkbox"/>	<input type="checkbox"/>	
** Have you been fully vaccinated for Lyssa virus?		If so, what is your current titre level?	

PRIVACY
<ul style="list-style-type: none"> As a member, your personal details will be included on the Wildcare Membership List, which must be made available to Office of Environment and Heritage as a condition of our license. Roster lists for rescue call outs will contain location details and phone numbers of available members The Members Contact List is provided for the sole use of Wildcare members for the rescue, rehabilitation and release of sick, injured and orphaned Native Australian Wildlife. Unauthorised distribution, use and/or disclosure of this information is prohibited. <p>Members may elect to have any of the following exclusions applied.</p> <p><input type="checkbox"/> Do not include any of my details on the Members' Contact List.</p> <p>OR do not include the following (select any that apply)</p> <p><input type="checkbox"/> Do not include address details <input type="checkbox"/> Do not include email <input type="checkbox"/> Do not include Phone numbers</p> <p>If you have any questions or concerns about the privacy of you information please refer to the privacy policy on the Wildcare website wildcare.com.au/privacy or contact the Privacy Officer at privacy@wildcare.com.au</p>

DECLARATION		
<ul style="list-style-type: none"> I agree to be bound by the Constitution, By-Laws, license, rules and policies of the association for the duration of my membership. I undertake to attend the required training 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 in this application is true and correct. 		
<table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:	

NB: If applying and submitting your application electronically it is accepted that you have consented to the above conditions without a signature

MEMBERSHIP FEES	
<input type="checkbox"/> Member	\$40
<input type="checkbox"/> Discount for additional family member at same address	\$30
<input type="checkbox"/> Pensioner	\$25

Lodgement and Payment Instructions

(No need to return this sheet with your application)

Payment Option	
<p>Direct Deposit</p> <ul style="list-style-type: none"> • BSB: 062-593 • Account: 28026717 • Account Name: Wildcare Queanbeyan Inc • Reference: Membership <Your name> 	<p>Let us know to expect the payment.</p> <p>Email to membership@wildcare.com.au</p>
<p>PayPal</p> <ul style="list-style-type: none"> • Australian dollars only • Please add \$2 to cover PayPal fees • Pay to: wildcare.com.au/payments • Go to PayPal 	<p>And provide the following information:</p> <ul style="list-style-type: none"> • Your name • Your address & phone number • This is a membership payment • When and how the payment was/will be made • Any other relevant details
<p>Cheque</p> <p>Cheques payable to: Wildcare Queanbeyan Inc</p> <p>Include your: Name, Address and phone number</p> <p>and reference: Wildcare Membership</p> <p>Mail to: Membership Wildcare Queanbeyan Inc PO Box 1404, Queanbeyan NSW 2620</p>	

<p>Notes or Comments</p>
