WILDLIFE RESCUE SOUTH COAST INC

PO Box 666 NOWRA NSW 2541

Rescue | Rehabilitate |Release

NPWS Licence No: MWL000100253 |ABN: 49 616 307 526

E: [info@wildlife-rescue.org.au](mailto:info@wildlife-rescue.org.au) **|** W: [www.wildlife-rescue.org.au](http://www.wildlife-rescue.org.au)

**New applicants (including partners and each family member) are to complete a SEPARATE form**

| Membership Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Title (Mr, Mrs, Ms, Dr etc): | | Given Name: | | Surname: | |
| Residential Address: | | | | | |
| City: | | State: | | Postcode: | |
| Postal Address (e.g. PO Box): | | | | | |
| City: | | State: | | Postcode: | |
| Home Telephone: | | | Mobile: | | |
| Email Address: | | | | | |
| Membership Type | Individual: Yes / No Family (Partner or Junior if under 18yrs): Yes / No | | | | |
| Membership Information Please **delete/strike out** which answer (s) isn’t applicable | | | | | |
| Are you 18 years of age or older? If not please provide your date of birth | | | | | Yes / No |
| How would you prefer to access information about us *(training details etc.)?* | | | | | Email /Facebook Web/Newsletter/Mail |
| Have you cared for native wildlife in the past 12 months? | | | | | Yes / No |
| Have you been convicted on charges relating to wildlife/domestic animals? | | | | | Yes / No |
| Do you have a valid Working with Children Check? | | | | | Yes / No |
| Are you, or have you been, a member of any other wildlife groups? | | | | | Yes / No |
| If yes, give name of group(s): | | | | | |
| Do you hold a current firearms licence? | | | | | Yes / No |
| If so would you be willing to undertake specific training to assess & if required euthanase injured wildlife by firearm? | | | | | Yes/ No |

**Photo ID:**

Photo ID cards are required by all members who are

1. participating in any fund raising activities or
2. responsible for incurring expenses on behalf of Wildlife Rescue South Coast Inc.
3. authorised to euthanase injured wildlife by firearm

Your passport style photo can be:

1. emailed (as an attachment) to [membership@wildlife-rescue.org.au](mailto:membership@wildlife-rescue.org.au?subject=Membership%20Photo)
2. posted with this membership application (remember to put your name on the back)

*Note: If no photo is provided, then a non-photo ID card will be issued.***Conditions of Membership:**

1. I agree to be bound by the conditions of :

a: Licence number MWL000100253 issued by NPWS.

b: Constitution, rules and guidelines of the Wildlife Rescue South Coast Inc.

c: Fund Raising Authority Number CFN16681 issued by the Office of Liquor, Gaming and Racing.

1. I agree that I may be suspended or expelled from WRSC should I act in an unethical manner.
2. I agree to care for any wildlife entrusted to me to the best of my ability with the object of returning them to the wild.
3. I agree to be guided by the WRSC Coordinators and WRSC Committee in every facet of the wildlife’s care and rehabilitation and will allow the relevant coordinators to inspect my premises at a time of mutual agreement.
4. I agree to return any property loaned to me by WRSC when requested by the Committee.
5. I agree that all my labour is voluntary and that all activities are carried out at my own risk and with no right of recourse against any member of WRSC.
6. I declare that I am not a prohibited person under the Commission for Children and Young People Act 2007.
7. I declare that I have not been convicted on charges relating to wildlife / domestic animals.

**Should any of these conditions be breached by any member, membership can be terminated by the committee and become effective immediately by letter in writing to the applicable member.**

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NB: If applying and sending your payment receipt by email it is accepted that you have consented to the above conditions without a signature.*

**Please supply details of relevant training courses completed within last 5 years. Attach a separate list and attach copies of certificates and any current relevant vaccinations e.g. ABL, Q fever or Tetanus if possible.**

**Please Note:**

* All **carers and rescuers** must be over the age of 18years by law
* Wildlife Rescue South Coast members must be financial and 18 years and over to vote at meetings
* Membership depends on your application being accepted by our committee. This happens at either the monthly committee meeting or general meeting, if your application is received after these meetings it may not be accepted until the following month.

|  |  |  |
| --- | --- | --- |
| FEES | | |
|  | | **Amount** |
| Individual member (with one off $30 Joining fee)  \*Includes ‘Introduction to Rescuing Wildlife and Rescue Telephone’ course attendance & manual | $60.00 | $60.00 |
| Each Additional Family Member  (remember to attach a separate form) | $5.00 |  |
| Tax Deductible Donation |  |  |
|  | **Total Paid** |  |

**See payment options over page**

**Payment Options:**

* Pay by **cheque** and post together with this application form(please do not post cash)
  + Cheques are to be made payable to **Wildlife Rescue South Coast Inc**
* Pay by direct deposit to:
  + Account Name: **Wildlife Rescue South Coast**
  + BSB: **633 000**
  + Account: **152 817 854**
  + Reference: **Member** & **Surname**
  + Please email this application form and receipt of your payment to [membership@wildlife-rescue.org.au](mailto:membership@wildlife-rescue.org.au?subject=Membership%20application%20and%20receipt%20)
* Pay by PayPal
  + into WRSC PayPal account [payments@wildlife-rescue.org.au](mailto:payments@wildlife-rescue.org.au)
  + Reference: **Member** & **Surname**
  + Please email this application form and receipt of your payment to

[membership@wildlife-rescue.org.au](mailto:membership@wildlife-rescue.org.au?subject=Membership%20and%20PayPal%20receipt)

|  |  |
| --- | --- |
| official use only | |
| **Date Application received:** | **Membership No:** |
| **Total Monies received: $** | **Receipt Number:** |
| **Membership Type – authorised to care for animals: YES / NO** | |
| **Membership Package Mailed** | **Date:** |
| **Entered on Membership Data Base** | **Date:** |
| **Entered on Online Data Base** | **Date:** |