

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 | W: www.wildlife-rescue.org.au

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Title (Mr, Mrs, Ms, Dr etc):	Given Name:	Surname:
Residential Address: (must be supplied)		
City:	State:	Postcode:
Postal Address (e.g. PO Box):		
City:	State:	Postcode:
Home Telephone:	Mobile:	
Email Address:		
Membership Type: (please circle)	Associate	Full Junior
MEMBERSHIP INFORMATION		
Please delete/strike out which answer isn't applicable		
Are you 18 years of age or older?	Yes / No	If not, please provide your date of birth:
How would you prefer to access information about us (<i>training details etc.</i>)? (please circle)	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) and dates of membership:		

Do you hold a current firearms licence?	Yes / No
If so, would you be willing to undertake specific training to assess and, if required, euthanise, injured wildlife by firearm?	Yes / No

Photo ID:

Photo ID cards are required by all members who are:

- a. participating in any fund-raising activities; or
- b. responsible for incurring expenses on behalf of Wildlife Rescue South Coast Inc.; or
- c. authorised to euthanise injured wildlife by firearm.

Your passport style photo can be:

- a. emailed (as an attachment) to membership@wildlife-rescue.org.au
- b. 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, guidelines, policies and procedures of WRSC,
 - c: Fund Raising Authority Number CFN16681 issued by the Office of Liquor, Gaming and Racing,
 - d. Associations Incorporation Act, ATO and ACNC,
 so far as they apply to me.
2. I agree that I may be suspended or expelled from WRSC should I act in an unethical manner.
3. 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.
4. I agree to undertake all required qualification and refresher training.
5. I agree to be guided by the WRSC Coordinators and the 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.
6. I agree to return any property loaned to me by WRSC when requested by the Committee.
7. 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.
8. I declare that I am not a prohibited person under the Commission for Children and Young People Act 1998.
9. 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 in accordance with WRSC procedures.

SIGNATURE: _____ Date: _____

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 18 years by law.
- WRSC members must be full members and financial to vote at meetings.
- Membership depends on your application being accepted by our committee. This happens at the monthly committee meetings. If your application is received after a monthly meeting, it may not be accepted until the following month.

STAGE / MEMBERSHIP TYPE	FEES / COURSES	PERMITTED	ATTENDANCE AT MEETINGS / VOTING RIGHTS	INSURANCE COVER
Stage 1 – Associate Member (18 years and over)	\$30 joining fee No courses required <i>*Mange treatment training</i>	No handling of animals or carer activities. Non-carer activities (e.g. fund raising, assisting in rehabilitation centres with non-caring activities, sewing/woodwork/construction etc.) <i>*Mange treatment once training has been completed, to be arranged through wombats@wildlife-rescue.org.au</i>	No	Yes
Stage 2 – Full Member (18 years and over)	\$30 fee for WRSC ‘Introduction to Rescuing Wildlife and Rescue Telephone’ Course at which ‘Volunteer Agreement’ is signed (Must attend an online WIRES ‘Introduction to Wildlife Rescue’ Course prior)	Caring activities once species related training courses have been completed Non-carer activities that require training (e.g. admin/phone activities, transporter, rescuer, euthaniser, assisting in rehabilitation centres with care-related activities etc.) once training has been completed The WIRES ‘Introduction to Wildlife Rescue’ Course must be arranged through training@wildlife-rescue.org.au and paid for directly to WIRES by the member	Yes	Yes
Junior (Family) Member (under 18 years old)	\$20 joining fee	Non-carer; Must be supervised by fully-trained adult family member	No	Yes

N.B. Membership is to be renewed annually for a fee.

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: **210 999 496**
 - Reference: **Member Type & Surname**
 - Please email this application form and receipt of your payment to membership@wildlife-rescue.org.au

- ❖ Pay by PayPal
 - into WRSC PayPal account payments@wildlife-rescue.org.au
 - Reference: **Member Type & Surname**
 - Please email this application form and receipt of your payment to membership@wildlife-rescue.org.au

OFFICIAL USE ONLY	
Date Application received:	Membership No:
Total Monies received: \$	Receipt Number:
Membership Type:	
Membership Package Mailed	Date:
Entered on Membership Data Base	Date:
Entered on Online Data Base	Date:

IF YOU REQUIRE HELP WITH YOUR APPLICATION PLEASE EMAIL

MEMBERSHIP@WILDLIFE-RESCUE.ORG.AU

OR PHONE 0418 427 214 FOR THE MEMBERSHIP OFFICER'S DETAILS