

Membership Application Form

If renewing, please tick this box and complete only this page

(Please complete both sides of form and post with fees to PO Box 560 Stanthorpe Q 4380)

Full Name:

Residential Address:

Postal Address:

Phone: Home: Mobile: Work:

Email Address:

I wish to apply for membership to the Granite Belt Wildlife Carers Inc. Should this application be accepted, I agree to the following:

- To support the aims of the Association and to abide by its model rules, policies and procedures.
- That all activities I undertake as a member of the Association are completely voluntary and at my own risk.
- That I am 18 years of age or over, or I am under 18 years of age and have an adult sponsor.
- That my application for membership needs to go to a vote at the next general meeting before my membership is confirmed.

If I will be rescuing or caring for wildlife, I further agree to the following:

- To observe the conditions of the department's Code of Practice for the rehabilitation of orphaned, sick or injured wildlife, and the conditions on the Rehabilitation Permit issued to the Association by the department who governs the activities of the Association regarding the care, treatment, management, rehabilitation and release of native wildlife registered with the Association. (A copy of the Licence and Model Rules are available from the Secretary of the Association.)
- To attend orientation and other required training, or demonstrate that I have attended such training, before I undertake responsibility for the rescue and care of native wildlife.
- To allow my animal holding facilities to be inspected to determine whether they are suitable for wildlife rehabilitation.
- To keep detailed records and provide regular information regarding the care, condition, rehabilitation and release of native wildlife for which I accept responsibility.
- That any native wildlife taken into my care is registered with the Association in accordance with its procedures, and that the relevant coordinator/s are informed.
- That I shall not pass any native wildlife into the care of another person who is not in possession of appropriate authority, or without the knowledge and approval of my coordinator.

Membership Type (please tick): [] Ordinary (Carer) Member [] Associate (Support) Member

Membership Fee (please tick): [] Single \$20.00 [] Couple \$25.00
 [] Family \$25.00 [] Junior (< 18 yrs) \$5.00*
 [] Donation \$ (*must be accompanied by an adult membership)

Compulsory food levy: [✓] \$5.00 (this levy assists with our rapidly increasing animal food costs)

Total \$ Signature: Date:/...../.....

Our financial year is a calendar year. Membership on joining is until the end of the current year if joining prior to 1 November, or to the end of the following financial year if joining after 1 November.

Office use only

Membership application presented at meeting held on:/...../.....

Moved: Seconded:

Payment Received:/...../..... GBWC Receipt No:

Prospective Member Information

The following questions will provide us with an understanding about your wildlife interests, your level of commitment & availability and also your current facilities.

- Please indicate which of the following categories apply to your availability and willingness to be involved, once appropriate training has been undertaken.

 - Full care of wildlife (*This includes intensive and prolonged care of animals*)
 - Limited care of wildlife (*This includes non-intensive and short term care of animals eg babysitting*)
 - Rescue and transport only (*This includes handling & transporting of wildlife to carers, vets , etc - no caring*)
- Assistance with the following associated group duties (please tick all applicable)

 - Administration
 - Fund Raising
 - Publications/Website
 - Education
 - Other: (Please outline).....
 - Wildlife Rescue Phone Roster Duty (2 months)
 - Hand Crafts: making of pouches & fundraising items
 - Hardware: building nest boxes, cages & fundraising items
 - Gun licence (and willing to assist when required)
 - None of the above - Social Member only (*Note: You will receive our meeting minutes keeping you in touch with our activities.*)
- If you ticked "Full" or "Limited" care of wildlife above, please list in order of the species you are most interested in caring for once appropriate training has been completed.

 - Birds
 - Amphibians
 - Macropods (Wallabies / Kangaroos / Wallaroos)
 - Flying Foxes / Micro Bats (*Note: you must present evidence of current vaccination for Lyssa virus*)
 - Snakes (*Note: you must present evidence that you have undertaken an accredited snake handling training in the past 3 years*)
 - Other: (please list).....
 - Koalas
 - Possums/Gliders
 - Reptiles (excluding snakes)
- Do you live on?

 - Rural property
 - Suburban property with yard
 - Unit or flat with no yard
- Do you have any cages, aviaries or other suitable enclosures? Yes / No If yes, please specify size and type.

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If no, please state what you are willing to do to care for animals, eg fence off areas, procure cages, aviaries etc

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- Do you have any experience rehabilitating native animals? Yes / No (If yes, please outline)

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- Are you an active carer member of any other wildlife caring groups? Yes / No If Yes, which group:

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- Which of the following domestic animals do you have? (tick all applicable)

 - Dogs – outside only
 - Dogs – inside access
 - Cats
 - Other:
- If yes to above, are you able to separate your pets from the native animals in care? Yes / No