



WILDCARE AUSTRALIA

Australian Koala Hospital Association Inc
ABN 80 853 694 538

MEMBERSHIP APPLICATION & RENEWAL FORM

PERSONAL DETAILS

First Name		Surname	
Date of Birth		Occupation	

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Date of Birth		Occupation	

Residential Address				P/C
Postal Address				P/C
Home Telephone		Work Telephone		
Mobile Telephone		Email:		
Are you able to receive the Wildcare Newsletter by email/download from our website?	<input type="checkbox"/> Yes please I want to conserve the environment <input type="checkbox"/> No thank you, I do not have access to the internet			

MEMBERSHIP DETAILS

Is this a NEW or RENEWING membership application?	<input type="checkbox"/> New <input type="checkbox"/> Renewing - My membership number is
Membership Fees enclosed / attached	<input type="checkbox"/> Single - \$38.50 <input type="checkbox"/> Family - \$49.50 - <i>all members live at the same address</i> <input type="checkbox"/> Corporate - \$385.00
Donation (All donations over \$2.00 are tax deductible). I would like to make a donation to Wildcare Australia. <i>Please tick amount to be paid.</i>	<input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$20.00 <input type="checkbox"/> \$30.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> Other amount - \$.....
Payment Details	<input type="checkbox"/> I have attached my Cheque/Money Order made payable to Wildcare Australia for \$ _____ <input type="checkbox"/> Please charge \$ _____ to my Credit Card:- <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date: _____ / _____ Cardholders Name: _____ Cardholders Signature _____

HOW CAN YOU HELP?

How else would you like to contribute to Wildcare?	<input type="checkbox"/> Emergency telephone service <input type="checkbox"/> Administration Office <input type="checkbox"/> Fundraising <input type="checkbox"/> School and Community talks	<input type="checkbox"/> Education programs <input type="checkbox"/> Sewing / knitting <input type="checkbox"/> Carpentry <input type="checkbox"/> Other
How did you hear about Wildcare?	<input type="checkbox"/> Brochure <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Wildcare Volunteer
Would you like to become a Volunteer wildlife rehabilitator?	<input type="checkbox"/> No thank you - I wish to remain a Member only. <i>Please read the disclosures on the back and sign the Application.</i> <input type="checkbox"/> Yes - I am interested in becoming a Wildlife Rehabilitator. <i>Please complete the details on the back, read the disclosures and sign the Application</i>	

VOLUNTEER WILDLIFE REHABILITATOR

I have no experience as a wildlife rehabilitator but am keen to learn.

I am particularly interested in learning more about:

- Birds Possums/Gliders Small Mammals Kangaroos and Wallabies
 Reptiles Koalas Echidnas Bats

I already have some experience as a wildlife rehabilitator for the following species and am keen to further my knowledge and skills.

- Common Birds Seabirds Raptors Macropods
 Possums Gliders Native Rodents Bandicoots
 Lizards Frogs Non-Venomous Snakes

I have experience with the following specialised animals - details of my QPWS Permit are listed below:-

- Koalas Echidnas Bats Venomous Snakes

Details of my previous experience are as follows:-

Years Experience	
Wildlife Organization	
Course/Qualifications	
QPWS Permit No.	

PRIVACY POLICY

WILDCARE AUSTRALIA controls access to personal information in order to protect the privacy rights of our volunteers. A volunteer's personal details and issues (such as address, telephone number, permit details etc) may be released to the Queensland Parks and Wildlife Service (if required) but will not be released to other outside persons or organizations without the volunteer's permission.

VOLUNTEER AGREEMENT

As a Volunteer with WILDCARE AUSTRALIA you agree to commit to the following:-

- To perform your volunteer duties to the best of your ability
- To adhere to the organization's core values, policies and procedures
- To abide by rules set out in the following legislation (these are available on the Wildcare website).
 - *Queensland Nature Conservation Act 1992 - Code of Practice'*
 - *Code of Practice - Care and rehabilitation of orphaned, sick or injured protected animals by wildlife care volunteers*
 - *Animal Care and Protection Regulation*
- To abide by the requirements as set out in the Rehabilitation Permit Endorsement that may be issued to you as a volunteer wildlife rehabilitator with Wildcare Australia
- Volunteers wishing to rescue or care for bats must be vaccinated against the Australian Bat Lyssavirus and shall abide by the Rescue and Management of C3 Bat Policy and Procedure
- To adhere to the organizations copyright policy which states that all work and tasks performed on behalf of Wildcare Australia remains the property of the organization and is protected by copyright laws.

LIABILITY

Wildcare Australia (Australian Koala Hospital Association Inc.) accepts no liability for any personal injury, property damage or financial cost arising from any voluntary work undertaken for or on behalf of the organization.

SIGNED

Signature

Signature

Name

Name

Date

Date

Please return your completed Form including fees to:

WILDCARE AUSTRALIA

PO Box 2379 Nerang Mail Centre Qld 4211

Telephone - 07 5527 2444

Email - enquiries@wildcare.org.au Website - www.wildcare.org.au