



Application for Membership

Name: _____

Residential Address: _____

Postal Address/PO Box: _____ Postcode: _____

Preferred Phone No: _____ Alternative Phone (if applicable): _____

Email (please print clearly): _____

Please tick the sections you are interested in being trained in:

- Birds Flying foxes Lizards, Turtles and Frogs Macropods & Wombats
- Microbats Others (Echidnas, dasyurids) Possums Snakes Seabirds
- Cutting fruit (for bats, at Matcham) Phones (Manning the 24 hour hotline, different times available)
- Couriering native animals (from vets etc) Fundraising (Attending fundraising events and raising awareness)

Additional information? (eg When you are available, How far you are willing to travel, No transport available, Experience you may have, etc)

You must attend an Introductory Training Day before beginning rescue and care of native wildlife.

Introductory Training Days are held regularly - please email membership@wildlife-arc.org.au to find out the next date.

How did you hear about Wildlife A.R.C.? _____

Conditions of Membership

1. I will act in accordance with the Constitution and Policies of Wildlife Animal Rescue and Care Society Inc.
2. I agree to care for wildlife entrusted to me to the best of my ability with the goal of returning them to the wild.
3. I agree to be guided by the Head Carers in every aspect of the rescue and rehabilitation of wildlife entrusted to me, to inform the Head Carers of animals that are in my care, and as per National Parks and Wildlife Services' requirements, will allow the relevant Head Carers to inspect my premises at a mutually agreed time if deemed necessary.
4. I agree that all my labour is voluntary and I will receive no remuneration.
5. I agree to be bound by the conditions of Rehabilitation License MWL000100280 issued by the Department of Environment, Climate Change and Water (NPWS) and to follow the Code of Practice for Injured, Sick and Orphaned Protected Fauna.
6. I agree to maintain accurate records about wildlife in my care and to update my records on a weekly basis.
7. I understand that breaching these conditions may result in my expulsion or suspension from the ARC.
8. Wildlife ARC reserves the right to refuse a new membership or the renewal of an existing member in accordance with the ARC Constitution.

Signature _____ Date: _____

By signing this form I certify that I am over 18 years of age and agree to abide by the conditions outlined above. Please note that membership renewals are due in June each year.

MEMBERSHIP FEE: \$ 30

DONATION (optional): \$ _____

TOTAL: \$ _____

- Cash (give in person. Wildlife ARC takes no responsibility for money lost/stolen in mail)
- Cheque/Money order made out to Wildlife Animal Rescue and Care Society Inc
- Direct Deposit **Account name:** Wildlife Animal Rescue and Care Society Inc.

BSB: 112 879 Account: 0438 890 49 Bank: St George

Please put your name or phone number in the reference field.

Completed forms can be emailed to membership@wildlife-arc.org.au or mailed to PO Box 2308, Gosford, 2250

Memberships may take up to four weeks to process.

OFFICE USE ONLY	
Receipt No:	_____
Rec Date:	_____
ARC No:	_____
Processed:	_____
ML DB C E P	
Form version: April 2017	