

MEMBERSHIP FORM

Northern Rivers Wildlife Carers Inc.

2016 / 2017 (valid to 30 June 2017)

PO Box 6439

South Lismore 2480

Please type (use TAB to move around the form) or print clearly in black pen

MEMBER DETAILS

First name:

Last name:

Residential Address:

Postal address (if different):

Phone:

Mobile:

Email:

Additional adult family members at the same address may receive membership for \$10 per person.

Name (2):

Name (3):

NRWC MEMBERSHIP FEES & DONATIONS

Enclosed membership fee:	\$	
Additional members:	\$	<i>(\$10.00 for each additional adult member at the same address)</i>
Donation:	\$	<i>(Donations of \$2.00 or more are tax deductible)</i>
TOTAL	\$	

Would you like a receipt?

I would like to receive the bi-monthly newsletter by:

(Select from list by clicking on ▼ in the box's right corner)

MEMBERSHIP AGREEMENT

I / We agree to abide by the licensing and other relevant requirements of the NSW Office of Environment & Heritage and the Constitution and Policies of Northern Rivers Wildlife Carers Inc.

(1) Signature:

Date:

(2) Signature:

Date:

(3) Signature:

Date:

NRWC's Management Committee has the right to refuse membership to any applicant or may refuse to renew any membership. In no case shall the Committee be required to give any reason for the rejection. Applications for membership will be put forward for ratification at the next Committee meeting and a receipt or authorisation will be issued after approval.

NAME:

VOLUNTEERING

I would like to assist with: *(Please tick appropriate boxes)*

Transporting / Rescuing*	Release site	Bat feeding
Rescuing / Caring*	Fundraising	Data entry
Phone roster	Publicity / Media	Website
Transporting to Currumbin or Australia Zoo	Education & Training	Administration
Construction of nest boxes / aviaries	Other <i>(please specify)</i> :	

* If you are interested in transporting, rescuing or caring, may we contact you during: *(Please tick appropriate boxes)*

Daytime Evening Night *(emergency only e.g. an unfurred joey)*

Workplace (Town):

Work days:

Work Hours:

May we call you at work *(for rescue/transport after work)*?
(Select from list by clicking on ▼ in the box's right corner)

Work Phone:

FUTURE TRAINING

Please indicate which specialised training days you would be interested in attending:

Possums & small marsupials	Reptiles
Macropods	Bats / Flying-foxes
Birds	Echidnas

Thank you for completing this form