

## MEMBERSHIP FORM

**2023/2024 (valid to 30 June 2024)**

Northern Rivers Wildlife Carers Inc.

POBox6439

SouthLismore2480

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### MEMBERDETAILS

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):

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### NRWCMEMBERSHIPFEES&DONATIONS

Enclosed membership fee:

*(\$20.00 for primary membership)*

Additional members:

*(\$10.00 for each additional adult member at the same address)*

Donation:

*(Donations of \$2.00 or more are tax deductible)*

**TOTAL**

**\$**

Would you like a receipt?

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### MEMBERSHIPAGREEMENT

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:**

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## **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):

Workdays:

WorkHours:

May we call you at work *(for rescue/ transport after work)*?

Work Phone:

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## **FUTURETRAINING**

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

Possums&smallmarsupials	Reptiles
Macropods	Bats/Flying-foxes
Birds	Echidnas

***Thank you for completing this form***