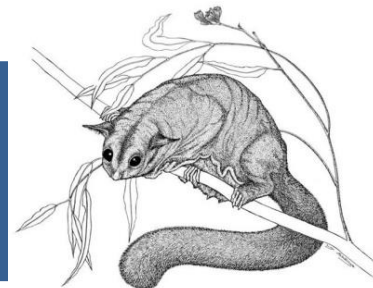


# NORTHERN RIVERS WILDLIFE CARERS INC.

PO Box 6439, South Lismore NSW 2480  
24-hour Hotline: 6628 1866  
email: [info@wildlifecarers.com](mailto:info@wildlifecarers.com)  
website: [www.wildlifecarers.com](http://www.wildlifecarers.com)  
Caring for native animals in the Northern Rivers region since 1992



## MEMBERSHIP FORM

### 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

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?

### 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:**

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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 Byron Bay Wildlife Hospital	Education & Training	Administration
Construction of nest boxes/ aviaries	Other (please specify):	

\*If you are interested in transporting, rescuing or caring, may we contact you during: (Please circle)

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

Workplace (Town):

Workdays:

Work Hours:

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

Work Phone:

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**FUTURE TRAINING**

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

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

**Thank you for completing this form**