|  |  |
| --- | --- |
| Description: C:\Users\Andy\Desktop\logocolour.jpg | **Tablelands Wildlife Rescue Incorporated****ABN 78 824 027 615****PO Box 935 Tolga QLD 4882 Ph. 4091 7767** **MEMBERSHIP APPLICATION FORM 2017**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name(s) |  | Date(s) of Birth |  |
| Postal Address |  | **Please only provide contact details which you consent for us to publish on the internal mailing & contact lists.** |
| Residential Address |  | Email address *(for newsletters etc)* |
| Shire |  |  |
|  Phone | Home | Mobile | Other | Other |

Membership Status: [ ]  New [ ]  Renewal

Membership Class: [ ]  Active [ ]  Financial

Experience Level: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

Available Pre-release site\*: [ ]  Yes [ ]  No Habitat Type:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Type: [ ]  Birds [ ]  Mammals [ ]  Macropods [ ]  Possums

\* As per DEHP Code of Practice: <http://www.ehp.qld.gov.au/wildlife/caring-for-wildlife/pdfs/cp-wl-rehab.pdf>

We are unable to issue permits to anyone under the age of 13 years of age due to DEHP legislation.

**Annual Membership fees:**

**Fee includes membership and insurance to our state body QWRC (QLD Wildlife Rehabilitation Council)**

|  |  |  |  |
| --- | --- | --- | --- |
| **INDIVIDUAL** | **COUPLES** | **STUDENT****(13~18yrs)** | **FINANCIAL ONLY** |
| [ ]  $40 | [ ]  $60 | [ ]  $25 | [ ]  $25 |

**PAYMENT METHOD:** [ ] Cash [ ] Cheque [ ] EFT (Reference – *your full name)*

Bank: Bendigo BSB: 633108 Account No: 149124620

Account Name: Tablelands Wildlife Rescue Inc.

[ ]  I wish to receive my RnR and QWRC’s Quotes by hard copy.

|  |
| --- |
| I understand that I will be joining both TWR and the Queensland Wildlife Rehabilitation Council Inc. (QWRC). I will abide by TWR’s Code of Practice. I agree that my name and contact details will be stored on a member database by both TWR and QWRC for their use and may be circulated to all other members of TWR and QWRC around the state. I further understand that these details will not be sold for any purpose.Signature: Date:  |

A permit is required in order to participate as an active carer of Australian native wildlife. As a member of Tablelands Wildlife Rescue Inc. you will be covered by the group’s permit. Individual permits are not required.

**What fauna do you have experience with:**

[ ]  Birds: [ ]  General [ ]  Raptors (Require DEHP approval)

[ ]  Macropods: [ ]  Pinkies [ ]  Emerging [ ]  Pre-Release

[ ]  Possums & Gliders: [ ]  Pinkies [ ]  Emerging [ ]  Pre-Release

[ ]  Other Mammals: [ ]  Pinkies [ ]  Emerging [ ]  Pre-Release

[ ]  Bats: (Must have current Titre and ABLV)

[ ]  Snakes: [ ]  Venomous [ ]  Non Venomous (Both must have DMP)

[ ]  Other Reptiles [ ]  Frogs

**Details of Experience and/or Qualifications/Training which enable you to care for native fauna:**

[ ]  Birds: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

[ ]  Macropods: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

[ ]  Possums & Gliders: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

[ ]  Mammals: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

[ ]  Reptiles: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

[ ]  Bats: [ ]  Beginner [ ]  Intermediate [ ]  Advanced

|  |
| --- |
| List of Certificates/Accreditations: |
|  |
|  |

**Facilities:**

**Cages:** (*Please indicate approx. dimensions and applications of any cage facilities you intend to use; e.g.: 1 x 80cm x 75cm x 150cm soft material enclosure for small birds*)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Aviaries: (***Please indicate approx. dimensions and applications of any aviaries you intend to use; e.g.: 1 x 1.5m x 2m x 0.8m galvanised aviary for possum rehab*)

|  |
| --- |
|  |
|  |
|  |
|  |

**Securely Fenced Yard: (***Please indicate approx. dimensions and applications of any yard areas you intend to use; e.g.: quarter acre block, 6 foot fenced all round, grassed & native plants, no pets allowed*)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Do you have domestic pets?**

[ ]  Cat(s) [ ]  Dog(s) [ ]  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you ticked any of the above, please provide clear details of how you will be able to keep your domestic pets completely separate from any native fauna in your care. (Please note this includes sharing rooms etc where domestic pet smells may be present, pet faeces may have been present etc.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Other General Notes and Comments:**

|  |
| --- |
|  |
|  |
|  |
|  |

**Rescues:**

Are you able to do rescues and pick-ups? [ ]  Yes [ ]  No

This may entail RESCUING (possibly to pass on to another carer) most species

(excluding snakes). Bats may be included, but rescuer must be vaccinated !

If yes, please give details of your availability: (*Tick all that apply or enter specific times)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Would you like to receive Tablelands Wildlife Rescue Incorporated’s newsletters and bulletin board announcements via email? [x]  Yes [ ]  No

**What other ways can you help?**

[ ]  TWR Phone Hotline Shifts [ ]  Education [ ]  Newsletter [ ]  Fundraising

[ ]  Sewing pouches etc [ ]  Rodent Supply [ ]  Carpentry/Building

 [ ]  Media/Publicity

[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New member proposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New member seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date membership voted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Membership granted [ ]  Membership rejected

Reasons if rejected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form with the appropriate membership fee to either:

 E-mail: info@tablelandswildliferescue.com

 Postal: Membership Secretary

 Tablelands Wildlife Rescue Inc

 PO Box 935

 Tolga QLD 4882

*Tableland Wildlife Rescue Inc. accepts no responsibility for any personal injury, property damage or financial costs incurred from any voluntary work undertaken on its behalf.*

**Office Use Only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date:  |   | Total Money Rec’d:  |   | Receipt No.:  |    |
| Newsletter database  |    | Membership database   |   | M/ship No:  |   |
| QWRC money/form sent  |   | Membership card sent  |   | Other  |    |