

Wildlife Aid Inc New Membership Application



Personal Details	
Last Name:	First Name:
Street Address:	
Suburb/Town:	Postcode:
Telephone – Home:	Mobile:
Email:	
Are you over 18 yrs of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation	Employer:

Are you currently, or have you ever been a member of any other animal welfare group?
Yes No If yes, please specify:

Do you currently, or have you ever held, an authority or licence from NSW National Parks & Wildlife Service or similar in Australia?
Yes No If yes, please specify:

Have you ever been investigated/convicted of any offence(s) by NSW National Parks & Wildlife Service, the RSPCA or any other similar authority in Australia?
Yes No If yes, please specify:

Areas of Interest

Please use check box to indicate how you wish to help:

- | | | | | | |
|--|---|--|---|------------------------------------|-------------------------------|
| <input type="checkbox"/> Rescues | Rehabilitation of: <input type="checkbox"/> Macropods | <input type="checkbox"/> Wombats/Possums | <input type="checkbox"/> Birds | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Bats |
| <input type="checkbox"/> Publicity/Newsletter | <input type="checkbox"/> Committee | <input type="checkbox"/> Phone Roster | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Financial | <input type="checkbox"/> IT |
| <input type="checkbox"/> Education for Schools | <input type="checkbox"/> Growing live food for birds and reptiles | <input type="checkbox"/> Possum Boxes | <input type="checkbox"/> Wombat Tunnels | | |
| <input type="checkbox"/> Equipment Manager | <input type="checkbox"/> Joey Yards | | | | |
| <input type="checkbox"/> Other - write detail: | | | | | |

List any previous experience or training: _____

List any other skill you have that may be of value to the group: _____

What area do you have available for a release site, and what species would you be prepared to release?

Declaration

I hereby apply to be a member of WILDLIFE AID INC
By inserting my name below, I agree to be bound by the rules of the association. I understand that my application for membership must be supported by another member and confirmed by Committee decision.

Name:	Date:
Name of Supporting Member:	Date of Approval:

Membership is \$20 per person per year, ie. our financial year 1st October to 30 September.
 BSB: **932-000** Account Number: **421036** Reference: **Your Name**
 If payment by EFT, fill in form, save a copy, then email to committee@wildlifeaid.org.au
OR make your cheque or money order payable to Wildlife Aid Inc and post with your form to:
 The Treasurer, Wildlife Aid, PO Box 619 Singleton N.S.W. 2330.

ONLINE CASH CHEQUE MONEY ORDER DATE OF PAYMENT

Your **membership** will not be granted until acceptance by Committee and payment of membership fee of \$20.