



Wildlife Aid Inc.
Ph: 0429 850 089
committee@wildlifeaid.org.au
PO Box 619 Singleton NSW 2330
www.wildlifeaid.org.au
ABN. 33 166 700 268 | Registered Charity No. 16278
NPWS License No. MWL000100245
Appendix 1 | Rule 3 (1)

Wildlife Aid Inc. Membership Application

Your personal details

Last name First name

Street address

Township Postcode

Home phone Mobile

Email

Occupation Employer

- Are you over 18 years of age? NO YES
- Are you currently, or have you ever been a member of any other animal welfare group? NO 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? NO 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? NO YES, please specify

How would you like to be involved?

Please tick at least one box. Your application will be assessed for suitability.

I would like to:

- Be a financial member only
- Grow live food for birds & reptiles
- Take part in publicity/fundraising/education
- Assist with construction of fencing, tunnelling etc
- Assist with sewing activities
- Assist the 24/7 Rescue Hotline roster
- Assist with bookkeeping, admin, IT
- Other, please detail on 'other skills' below

I would like to rescue, rehabilitate and/or release:

- | | | | |
|---------------------|---------------------------------|---------------------------------------|----------------------------------|
| Macropods | <input type="checkbox"/> rescue | <input type="checkbox"/> rehabilitate | <input type="checkbox"/> release |
| Wombats and possums | <input type="checkbox"/> rescue | <input type="checkbox"/> rehabilitate | <input type="checkbox"/> release |
| Birds | <input type="checkbox"/> rescue | <input type="checkbox"/> rehabilitate | <input type="checkbox"/> release |
| Reptiles | <input type="checkbox"/> rescue | <input type="checkbox"/> rehabilitate | <input type="checkbox"/> release |
| Bats | <input type="checkbox"/> rescue | <input type="checkbox"/> rehabilitate | <input type="checkbox"/> release |

I have the following area available as a release site:

List any previous experience or training

- None, I understand training will be required once my suitability has been determined.

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

Declaration

I hereby apply to be a member of WILDLIFE AID INC. By signing this form, 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.

Signature

Date

Payment Membership is \$25pp per year.

**SPECIAL PRICE FOR NEW MEMBERS ONLY:
PAY ONLY \$15pp FOR YOUR FIRST YEAR.
Valid to members joining before 30.06.20**

I have paid by: ONLINE by EFT CASH CHEQUE
Payment by EFT: BSB: 932-000 AC: 421036 Ref: Your Name
Email completed form to committee@wildlifeaid.org.au
Payment by cheque: Payable to Wildlife Aid Inc. Post with this form to:
The Treasurer, Wildlife Aid Inc. PO Box 619 Singleton NSW 2330.
Our financial year is 01 July to 30 June.
Your membership will not be granted until acceptance by Committee and your membership fee has been paid.