



**NORTH QUEENSLAND WILDLIFE CARE INC.**  
ABN 42 029 658 066  
**P O BOX 1446, 25 AITKEN STREET, AITKENVALE QLD 4814**  
**TEL: 0414717374**

## NEW MEMBERSHIP APPLICATION FOR 2010

*Please note that membership is for the calendar year and subscriptions fall due 1 January each year.  
 If you join during the last quarter of the year your subscription will be valid for the entire following year.*

<b>Full name</b>			
<b>Additional name (s) in same family</b>			
<b>Residential Address</b>			<b>Post Code</b>
<b>Postal Address</b>			<b>Post Code</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Mobile Phone</b>	
<b>Email</b>			
<b>I would like my newsletter forwarded by</b>		<b>Email:</b>	<b>Post:</b> <input type="checkbox"/>

**FEES:**

**ANNUAL MEMBERSHIP FEES:**

Includes \$20.00 membership to our State body QWRC (QLD Wildlife Rehabilitation Council). Please complete the attached QWRC membership form/s- one form for each member and send to above Post Office address along with payment

<b>INDIVIDUAL</b>	<b>2<sup>ND</sup> MEMBER OF SAME FAMILY</b> <small>(residing same address)</small>	<b>3<sup>RD</sup> AND SUBSEQUENT MEMBERS OF SAME FAMILY</b> <small>(residing same address)</small>	<b>FULLTIME STUDENT</b> <small>(With proof of student status)</small>
MEMBERSHIP \$45.00	MEMBERSHIP \$30.00	MEMBERSHIP \$20.00	MEMBERSHIP \$30.00
Training - \$5.00	Training - \$5.00	Training - \$5.00	Training - \$5.00
Training-\$10.00	Training-\$10.00	Training-\$10.00	Training- \$5.00
Non-member	Non-member	Non-member	Non-member(child under 15)
<b>Resource books \$15.00 to paid up members only</b>			

**Aims of North Queensland Wildlife Care Inc.**

- To care for sick, injured and orphaned native fauna for rehabilitation and release.
- To encourage education concerning native fauna in the community.
- To provide mutual assistance, support and information about the care of sick, injured and orphaned native fauna.
- To provide access to release sites approved by the Qld Parks and Wildlife Service and North Queensland Wildlife Care Inc.
- To provide access to veterinary resources at minimal cost.
- To provide a Public Trust Fund to support the above aims.

*I hereby agree with the stated aims. I agree that all activities I undertake as a member of the Club will be at my own expense and risk. I understand that all native fauna belongs to the Crown and that I am required to apply for a permit to the relevant Department of Environment in my area with 72 hours of an animal coming into my possession. I understand that a permit to care for native fauna is issued at no cost to me. I agree to provide written information to the Club concerning the care, maintenance and release of native animals for which I am responsible.*

Signature of Applicant:..... Date:.....

Signature of parent/guardian if applicant is under 18 years of age.....

**For Office Use Only**

Total Money Rec'd:		Receipt No.:		Date:	
Money Sent to Treasurer:		Placed on Newsletter List:		M/ship No.:	
M/ship card sent:		Elected into Membership:		Date:	
Resource book paid		Training done month/year		Other	



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**2010**  
**SUPPLEMENTARY INFORMATION**

**PLEASE COMPLETE THIS PART AFTER YOUR TRAINING AND HAND IT IN BEFORE YOU LEAVE TODAY**

**NAME:**.....

To help us place suitable animals with you and arrange back up support would you please provide the following information.

**I am interested in caring for: Please tick appropriate box**

Possums	Bats	Kangaroos/Wallabies
Birds	Reptiles	Turtles

I have previous experience in caring for: wallabies with Annette Sheldon		
I have a current vaccination for Rabies	Y	N
I have completed the basic training	Y	N

**I do not wish to care for animals but can help with: Please tick appropriate box**

Administration	Newsletter	Publicity
Fundraising	Wildlife phone	Screen printing/sewing
Other		

**Availability: Please tick appropriate answer**

I am working full time	
I am working part time	
I am going to school or university	
I am mostly at home	
I have appropriate size cages/aviaries	
I can feed the animals throughout the day	

The Queensland Wildlife Rehabilitation Council publishes a twice yearly magazine concerning wildlife rehabilitation which is free to all paid up members of our Group. The Publication is called "R 'n R" (Rehabilitation and Release). QWRC understands that your contact details are not to be used by them for any other purpose.

<b>YES</b>	I would like the R 'n R. Magazine	(a) emailed to me	(b) Australia post
<b>NO</b>	I do not wish to receive this publication		
<b>I DO</b>	give permission for any of my contact details to be given out to the public in respect to aiding, advice or drop-offs of injured wildlife ( i.e. you do / do not wish calls to the wildlife phone from the general public to be referred to you).		
<b>I DO NOT</b>			

Signed ..... Date: .....

**Please complete all details**

Surname.....

First Name .....

Date of Birth .....

Residential Address.....

.....

Postal address.....

.....

Shire in which you reside .....District 3.....

Telephone (H) (.....).....

(Mob)..... (W).....

Email .....

Group Name: .North Queensland Wildlife Care.....

I, the above named, understand and agree that my name and contact details will be stored on a member data base by QWRC for its use and may be circulated to all other members of QWRC around the state. I further understand that these details will not be sold for any purpose.

Signed.....

Dated .....