



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

MEMBERSHIP APPLICATION FOR 2008

*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.*

Full name			
Residential Address			Post Code
Postal Address			Post Code
Home Phone	Work Phone	Mobile Phone	
Email			
I would like my newsletter forwarded by Email: <input type="checkbox"/> Post: <input type="checkbox"/>			

FEES:

INDIVIDUALS	TICK	FAMILIES <small>(Family members residing same address)</small>	TICK	FULLTIME STUDENTS <small>(With proof of student status)</small>	TICK
Membership - \$25.00		Membership - \$35.00		Membership - \$10.00	
Training - \$5.00		Training - \$5 per person		Training - \$5.00	
Training-\$10.00 Non-member		Training-\$10.00 each Non-member		Training- \$8.00 Non-member(child under 15)	
Resource books \$15.00 to paid up members only					

Aims of North Queensland Wildlife Care Inc.

1. To care for sick, injured and orphaned native fauna for rehabilitation and release.
2. To encourage education concerning native fauna in the community.
3. To provide mutual assistance, support and information about the care of sick, injured and orphaned native fauna.
4. To provide access to release sites approved by the Qld Parks and Wildlife Service and North Queensland Wildlife Care Inc.
5. To provide access to veterinary resources at minimal cost.
6. 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	



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

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:		
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.

YES	I would like the R 'n R. Magazine	(a) emailed to me	(b) sent via Australia Post
NO	I do not wish to receive this publication.		
I DO	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).		
I DO NOT			

Signed:.....Date: