

Membership Application & Renewal Form



MEMBERSHIP DETAILS													
Is this a NEW or RENEWING application?	<input type="checkbox"/> New <input type="checkbox"/> Renewing - Membership Number _____												
Membership Type*	<table border="0"> <tr> <td>Single – 1 year</td> <td><input type="checkbox"/> \$40.00</td> <td>Family – 1 year*</td> <td><input type="checkbox"/> \$60.00</td> </tr> <tr> <td>Single – 2 years</td> <td><input type="checkbox"/> \$80.00</td> <td>Family – 2 years*</td> <td><input type="checkbox"/> \$120.00</td> </tr> <tr> <td>Single – 5 years</td> <td><input type="checkbox"/> \$200.00</td> <td>Family – 5 years*</td> <td><input type="checkbox"/> \$300.00</td> </tr> </table>	Single – 1 year	<input type="checkbox"/> \$40.00	Family – 1 year*	<input type="checkbox"/> \$60.00	Single – 2 years	<input type="checkbox"/> \$80.00	Family – 2 years*	<input type="checkbox"/> \$120.00	Single – 5 years	<input type="checkbox"/> \$200.00	Family – 5 years*	<input type="checkbox"/> \$300.00
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*membership fees are non-refundable	*Two adults and their dependent children > 12 years												

PRIMARY MEMBER		SECONDARY MEMBER (Family Memberships only)	
First Name		First Name	
Last Name		Last Name	
Date of Birth		Date of Birth	
Mobile Number		Mobile Number	
Email Address		Email Address	
Tick here if this person requires a membership card	<input type="checkbox"/>	Tick here if this person requires a membership card	<input type="checkbox"/>

EMERGENCY CONTACT DETAILS - PRIMARY MEMBER		EMERGENCY CONTACT DETAILS - SECONDARY MEMBER	
Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	

For Family Memberships, please do not list a member on this form as an emergency contact. We will automatically contact this person first in an emergency.

CHILDREN (Family Memberships Only – must be living at same address)			
Full Name		Full Name	
Date of Birth		Date of Birth	
Full Name		Full Name	
Date of Birth		Date of Birth	

RESIDENTIAL/POSTAL ADDRESSES			
Residential Address		Postal Address	
Suburb		Suburb	
Postcode		Postcode	
Home Phone No.			

PAYMENT DETAILS	
Donation (donations over \$2.00 are tax deductible)	\$ _____
Payment Details Please do not send cash in the post. We prefer not to receive cheques/money orders please. You do not need to have a PayPal account to use PayPal.	PAYPAL is our preferred method of payment for security and convenience. Simply log in to your account, click 'send money', and enter our email address, treasurer@wildcare.org.au, to pay by credit card or bank transfer. <input type="checkbox"/> Payment made by PAYPAL for \$ _____ on _____ (date) <input type="checkbox"/> Credit Card - please charge \$ _____ to my credit card Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Tick to confirm you are the card holder, or have the card holders permission

ARE YOU A CURRENT MEMBER, OR HAVE BEEN A MEMBER OF ANY OTHER WILDLIFE REHABILITATION GROUP?			
Organisation		Do you hold a current Rehabilitation Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been denied a Rehabilitation or Recreational Permit or had a Rehabilitation or Recreational Permit revoked or cancelled by either EHP (or other State equivalent) or another wildlife care organisation? No Yes (Please provide details)

If you wish to become a volunteer wildlife rescuer/rehabilitator with WILDCARE AUSTRALIA INC. you will need to apply separately for a Rehabilitation Permit Endorsement and satisfy the requirements as set down by Wildcare. Permit Endorsement applications are assessed based on completed training, experience, knowledge, facilities and the demand for wildlife rehabilitators in the region you reside. **WILDCARE will only issue new Permit Endorsements for members residing in the South-east Queensland council areas of Gold Coast, Logan, Scenic Rim, Brisbane, Redlands and Moreton Bay. Permit Endorsements will only be issued to members 18 years and over.**

WILDCARE AUSTRALIA INC. controls access to personal information in order to protect the privacy rights of our volunteers. A volunteer's personal details and matters (such as address, telephone number, permit details, rehabilitation experience, training, rescue/carer records etc.) may be released to other relevant wildlife organisations (such as the Department of Environment and Heritage Protection (EHP), RSPCA Queensland, Currumbin Wildlife Hospital, Australia Zoo Wildlife Hospital) if required, as well as Wildcare members (such as Species Coordinators, Management Committee, Hotline Volunteers and other key volunteers). .

As a member of WILDCARE AUSTRALIA INC you agree:

- To adhere to the organisation's core values, policies and procedures
- To adhere to the contents of the WILDCARE Volunteer Manual and appropriate species training manuals when carrying out tasks on behalf of the organisation.
- To adhere to the WILDCARE Safety Management Manual.
- To abide by the rules set out in the following legislation (available to download on the Wildcare website):
 - Queensland Nature Conservation Act 1992
 - Code of Practice - Care of Sick, Injured or Orphaned Protected Animals In Queensland
 - Animal Care and Protection Act 1992
- To the Management Committee of WILDCARE discussing your membership application or renewal with other relevant wildlife organisations such as Department of Environment and Heritage Protection (EHP), RSPCA Queensland and current/previous wildlife care groups that you have been/are a member of (if required).
- To adhere to the organisation's copyright policy which states that all work and tasks performed on behalf of WILDCARE remains the property of the organisation and is protected by copyright laws.

WILDCARE AUSTRALIA INC accepts no liability for any personal injury, death, property damage/loss or financial cost arising from any voluntary work undertaken for or on behalf of the organisation. WILDCARE holds Public Liability Insurance in the amount of \$20,000,000.

PRIMARY MEMBER		SECONDARY MEMBER	
Signature			
Date			

Wildcare Australia Inc.

PO Box 2379, Nerang Qld 4211
 Wildlife emergencies: 07 5527 2444
 membership@wildcare.org.au
 www.wildcare.org.au