

# Membership Renewal – NTWC

Licence No: MWL000100242

Free Call Ph. 1800 008 290



I \_\_\_\_\_ (Full Name) hereby apply to renew my membership of Northern Tablelands Wildlife Carers Inc.

I \_\_\_\_\_ agree to be bound by the NTWC Constitution, policies and codes of practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree that an inspection of facilities and wildlife in care by a designated NTWC coordinator (or other nominated official) will be carried out periodically as required by NPWS requirements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Actual Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Please select Membership Type below:

|  |   |
|--|---|
| AUTHORISED MEMBER _____<br>(Trained animal carer)  | SUPPORT MEMBER _____  |
| Preferred species:<br>Birds _____ Reptiles _____<br>Marsupials _____ Macropods _____ Other _____ | I am available to help with:<br>Fundraising _____ Publicity _____ Other _____ |

|  |  |
|--|--|
| I am applying for:<br>Family membership: \$50 _____<br>Single membership: \$30 _____<br>Concession: \$20 _____<br>I include a donation of \$ _____<br>TOTAL \$ _____ | NTWC Banking Details: Direct Deposit:<br>Northern Tablelands Wildlife Carers<br><b>BSB 932 000</b><br><b>Account No 690583</b><br>Please include a Reference:<br>Your name + Single, Family or Concessional Membership |
|--|--|

Please note: **Membership is due each year on July 1.** Donations over \$2 are tax deductible.

Email scanned or PDF copies of renewal form to [ntwcsecretary@gmail.com](mailto:ntwcsecretary@gmail.com) or post to address below.

Please note: The Management Committee has the right to refuse to renew any Membership.

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## Office Use Only

Approved by Committee on \_\_\_\_\_ Signed by Chairperson \_\_\_\_\_

Receipt number \_\_\_\_\_ Member ID \_\_\_\_\_

Postal Address:  
P.O. BOX 550  
ARMIDALE N.S.W. 2350

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## TRAINING AND EXPERIENCE

Please update your training information below:

**NB: Authorised Membership requires completion of approved training at least every two years**

Please list all training courses you have completed and the dates when completed.

| Course Title | Training Body | Date Completed |
|--------------|---------------|----------------|
|              |               |                |
|              |               |                |
|              |               |                |
|              |               |                |

Have you been inoculated against Australian Bat Lyssavirus (ABL)

Yes \_\_\_\_ No \_\_\_\_

If yes, what was the date of your latest blood test?

Date: \_\_\_\_\_

If yes, the Secretary will call for ABL vaccinated members to send a copy of their blood test (Titre level) to the secretary email address below at the beginning of September each year, to verify they are covered to rescue and care for Flying Foxes and Microbats.

Please email scanned copies of any recent wildlife training certificates and licences to [ntwcsecretary@gmail.com](mailto:ntwcsecretary@gmail.com) or post to the address below.

Postal Address:  
P.O. BOX 550  
ARMIDALE N.S.W. 2350