

New Membership Application – NTWC

Licence No: MWL000100242

Free Call Ph. 1800 008 290



NB: Text Boxes should expand when you type and Check Boxes will be crossed when clicked upon. Once completed, please save as a pdf and email to ntwcsecretary@gmail.com

I _____ (Full Name) hereby apply to become a member of Northern Tablelands Wildlife Carers Inc.

I, _____, agree to be bound by the NTWC Constitution, policies and codes of practice. I understand that my application for membership must be nominated and seconded by two current NTWC members and confirmed by a resolution of the NTWC Management Committee.

Signed: _____ Date: _____

Nominated by: _____ Seconded by: _____

Actual Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

E-mail Address: _____

Telephone: _____ Mobile: _____

Please select Membership Type below:

AUTHORISED MEMBER _____ (Trained animal carer)	SUPPORT MEMBER _____
Preferred species: Birds _____; Reptiles _____; Marsupials _____; Macropods _____; Other _____	I am available to help with Fundraising; _____ Publicity _____; Other _____
I am applying for: Application Fee (one off) \$1 _____ Family membership: \$30 _____ Single membership: \$25 _____ Concessional Membership \$15 _____ I include a donation of \$ _____ TOTAL \$ _____	NTWC Banking Details: Direct Deposit: Northern Tablelands Wildlife Carers BSB 932 000 Account No 690583 Please include a Reference: Your name + Single, Family or Concessional Membership

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

What previous training and/or experience do have you?

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

Are you currently an authorised carer of another group? Yes _____ No _____

Have you ever been an authorised carer of another group? Yes _____ No _____

If yes, please specify group _____

Email scanned copies of any recent wildlife training certificates to ntwcsecretary@gmail.com

Please note: The Management Committee has the right to refuse Membership to any Applicant (or refuse to renew any Membership).

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:

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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 explain here why you want to become a wildlife carer and what your experiences are in caring for animals. (This box will expand when you type.)

Please email scanned copies of any recent wildlife training certificates and licences to ntwcsecretary@gmail.com or post to the address below.

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