



**NORTHERN TABLELANDS
WILDLIFE CARERS INC.,
P.O. BOX 550
ARMIDALE N.S.W. 2350
Free Call Ph. 1800 008 290**

NEW MEMBERSHIP APPLICATION FORM

Name.....
 Actual Address.....Postcode.....
 Postal Address..... Postcode.....
 E-mail Address.....
 Phone No.....Mobile Ph. No.....

hereby apply to become a member of Northern Tablelands Wildlife Carers Inc.

I agree to be bound by the rules of the Association. I understand that application for membership must be supported by two members and confirmed by a unanimous resolution of a general meeting of the Association.

Signed....".....Date.....Membership per year due July
 Donations over \$2 are tax deductible
 Nominated by _____ Family \$20 \$.....

Seconded by _____ Single \$15 \$.....

Approved by general meeting on _____ Donation \$.....
TOTAL \$.....

Do you wish to be a—

- () SUPPORT MEMBER.....helping
 - () Rescue () Fund-raise () Publicity () Other.....
- () AUTHORISED MEMBER.....animal carer , preferring:
 - () Birds () Reptiles () Marsupials () Anything.....

What experience, or training have you?

(Authorisation requires completion of an approved training course 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.....

Have you been inoculated against Lyssavirus Yes/ No

Please include a copy of any recent wildlife training certificates and licences. '

The Management Committee has the right to refuse Membership to any Applicant (or refuse to renew any Membership). In no case shall the Committee be required to give any reason for such a rejection.