



WILDLIFE RESCUE SOUTH COAST

PO BOX 666, NOWRA NSW 2541

Registered in NSW: Y1612344 ABN: 49616307526

APPLICATION FOR MEMBERSHIP

SURNAME: FIRST NAME:

RESIDENTIAL ADDRESS:

..... POST CODE:

MAILING ADDRESS:

..... POST CODE:

PHONE: Home: Work / Mobile:

EMAIL ADDRESS:

Note: You must be 18 years or older to be a full member of Wildlife Rescue South Coast

1. I would like to receive newsletters and urgent news by email: YES / NO

2. Requested Membership Type: INDIVIDUAL / FAMILY
If family, please give names of family members over 18 years:

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3. Are you available for rescues: YES / NO Do you wish to care for animals: YES / NO

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4. If you wish to care for animals, please indicate if you have a preference for the type of animals you wish to care for and details of the facilities you have.

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5. If you have any experience or training with native animals, including membership of other native animal groups, please supply details (including dates and whether you currently hold an authorisation for the rescue/rehabilitation of wildlife). Copies of training certificates should be attached for recognition of prior learning.

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6. Are you able to assist in any other ways: Fundraising / Education / Transport / Phone / Shooter / Administration / Making Equipment / Other:

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7. Please attach any other details relevant to your application for membership (use a separate page if necessary).

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Please forward your signed application with:

- \$20 one-off joining fee and
- \$25 annual individual membership fee, or
- \$30 annual family membership

(Total for individual membership is \$45, or for a family membership, the total is \$50)

Note that all potential family members must sign both sections below.

I hereby declare I am over 18 years of age, that the above information is true and correct and I have not been charged with any offences under the Prevention of Cruelty to Animals Act. I agree to follow the Constitution, By-laws and Rules of Wildlife Rescue South Coast Incorporated and the conditions of the National Parks and Wildlife Service (NSW) licence. I accept that failure to do so could result in the cancellation of my membership.

Signed: Date:

Signed: Date:

Signed: Date:

Signed: Date:

Liability Disclaimer

Upon acceptance as a member of Wildlife Rescue South Coast, I hereby declare that I will not hold the Association responsible for any injuries incurred to me, my family or persons involved whilst I am rescuing, rehabilitating or releasing native fauna.

Signed: Date:

Signed: Date:

Signed: Date:

Signed: Date:

Witnessed By: Date: